

MEDICAL ECONOMICS



MARCH, 1957



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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. Sheridan Baketel, A.M., M.D., *Editor* • William Alan Richardson, *Managing Editor* • J. T. Duryea Cornwell, Jr., *Associate Editor* • Russell H. Babb, *Advertising Manager* • Lansing Chapman, *Publisher*

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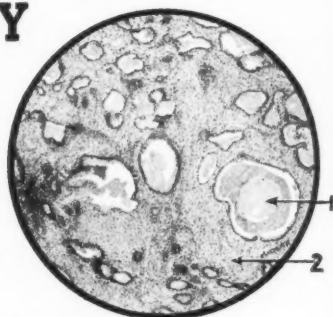
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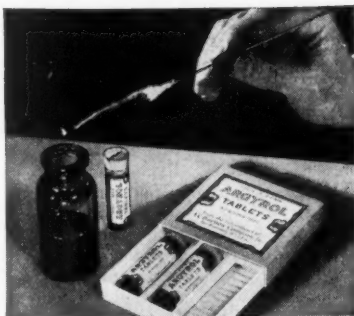
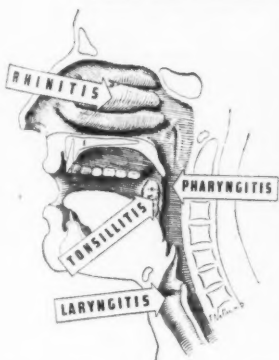
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☆ SPEAKING FRANKLY ☆

FOREIGN CONCLUSIONS

TO THE EDITORS: I was interested in Dr. Harold Rypins' "Why License Foreign Physicians?" (February issue). Before I read the article I was not well acquainted with the facts it presents. But Dr. Rypins has enabled me to draw the following conclusions.

First: It is inconsistent to limit the number of men being graduated from our own schools and, at the same time, to permit a large influx of foreign physicians. Nevertheless, it seems only fair that a man should have the privilege of studying in a foreign school and returning to practice here, provided his foreign education compares favorably with that given in this country.

Second: Foreign physicians should be admitted to the United States each year in some fixed ratio to the number of our graduates. It would be understood, of course, that they would have to measure up to American medical school standards.

N. L. Beebe, M.D.
Fort Collins, Colorado

BLOOD, CURDLING

TO THE EDITORS: We ought to put some of the responsibility for the care of indigents where it rightly belongs. An incident that happened to me recently is, I think, apropos.

A man with a perforated duodenal ulcer was brought in to me by a local relief worker. The patient needed a transfusion before surgery. I asked the relief worker who was going to

arrange for the donor's fee. I was quickly informed that the medical profession should recognize that indigent patients are their charges, that I should be glad to aid them in the name of humanity, and that I should have no trouble in getting anyone to offer their blood to save a life.

With that I asked the high-minded distributor of relief to step into the laboratory to have his own blood grouped so that he might give some for the noble cause he had so eloquently defended. He almost took the doors down in his mad scramble to get out.

I am afraid that the milk of human kindness in the breasts of some of our would-be reformers has curdled irrevocably.

W. J. Harrison, M.D.
Guernsey, Wyoming

JUNIORS TO THE FORE

TO THE EDITORS: Some time ago you published an editorial in your Side-lights department which pointed out why and how young medical graduates should be given an opportunity to make their presence felt among county society memberships. I believe that your readers will be interested in learning how we do it in the St. Louis Medical Society, where members are classified as seniors and juniors.

The latter are physicians four years or less out of medical school. Although they pay smaller dues than senior members, they have equal rights and privileges. Until recently, junior members have been more or less left

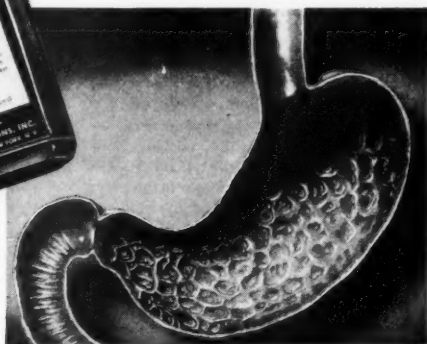


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M.D.

Street City

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out of presenting or discussing papers or engaging in the business of society meetings. That was due to timidity on the part of us young ones. We were reluctant to speak before a large audience composed of older and more experienced men.

Realizing the weakness in the foregoing situation, Dr. Lee D. Cady, then president of the society, organized what is known as the Junior Section of the St. Louis Medical Society. We elected officers and appointed committees, picked a senior member as a sponsor for our group, and drew up a constitution. Now we hold our own monthly scientific meetings. One of the group presents a paper; others discuss it. A brief period of social visiting caps our meetings. Thus we have learned to speak in public without quaking in our boots; to conduct meetings; and, last but not least, to promote good fellowship among ourselves.

The seniors of the society approve our section and have promised to give us an opportunity to handle the entire program at several general meetings throughout the coming year.

I hope this will act as an incentive to youthful society members elsewhere, and that they will secure similar advantages for themselves. They are well worth striving for.

M.D., St. Louis

INTENTIONAL ERRORS

TO THE EDITORS: After four or five monthly statements have been ignored by a patient, I find that a deliberate error in favor of the doctor, made in the next statement, almost always elicits an immediate telephone call. The debtor can hardly wait to inform the bookkeeper that there is no reason for his bill to have become suddenly larger. As a result, I have an opportunity to be tactfully apologetic about my "error" and to try for a definite promise of settling the correct bill. Sometimes the bookkeeping

"mistake" brings a patient to the office to straighten things out in person. Often he will be prepared to settle his bill in full or to make arrangements for instalment pay.

M.D.'s Secretary
West Virginia

MACHINES OR MEN?

TO THE EDITORS: I have seen service in the army and have observed the salary system at work. It is a good bet that if the entire U. S. profession were put under the same sort of regulation, many a poor patient would fail to receive sympathy as part of his care. In the army or any other similar organization where physicians are on a salary, patients are cared for as cars in a repair shop.

W. S. Bartholomew, M.D.
Lebanon, Nebraska

CHAIN OF INFIRMARIES

TO THE EDITORS: It is my suggestion that infirmaries be established at strategic points throughout the United States; that salaried physicians be put in charge; and that the infirmaries be open to all persons at all times. The physicians in charge would be enjoined from private practice—their duties limited to making diagnoses and to the practice of preventive medicine.

These infirmary physicians would detect the initial stages of tuberculosis, cancer, renal diseases, syphilis, hepatic troubles, gastric ailments, and other diseases for which curative medical attention is necessary. After being notified of such an ailment it would then be incumbent upon a patient to repair to the physician of his own choice for treatment.

School children would be examined at the beginning of each school year, and their teachers would be assured of a place to which they could send children suspected of having contracted some disease or who might develop some physical impairment.

The infirmaries would also be first

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aid stations for victims of auto and other disasters. Furthermore, they could disseminate instruction on sanitation, hygiene, contraception, etc., and give inoculations and vaccinations.

These infirmaries would not interfere with private practice. In fact, they would add to such practice since, thanks to them, many unsuspected diseases would be uncovered and the patients sent to their own physicians for medication or surgery.

Sensible physicians realize that a sweeping change is due in the current system of providing medical care. It is up to us to control that change and to proffer constructive suggestions in lieu of continuous destructive criticism.

Herbert B. Wentz, M.D.
Elkins, Arkansas

A C.P.A. ON RECORDS

TO THE EDITORS: Mr. Cornwell's article on record keeping (January issue, page 22) is interesting and basically sound. But, frankly, it lays too little stress on the financial side. Still in all, I am an accountant, and even medical men accuse others in their profession of seeing only their own specialties.

"Easy handling at billing time" is not the only reason for keeping financial and case records separate. Another reason is that, in case an account comes to suit, the record can be produced in court without violating any professional secrets which would be the result of submitting a combination case and financial history card.

More importance should have been attached to the annual summary sheets and monthly expense records. It is futile to have such records if they are not kept up just as regularly and precisely as case histories. People get into tax jams because they put off until the last possible minute this vitally necessary summarizing.

The easiest way to keep absolute track of income and expense is to put

all income in the bank, and pay all bills by check. Then, you not only have a primary record that makes summarizing easier, but you also have a nearly perfect proof of the fact that you did spend the money—namely, a cancelled check. Of course, the purpose for which the check was issued should be plainly written on it before it is issued. In court, stubs are poor evidence if admitted at all.

Lewis Gluck, C.P.A.
New York City, New York

ROBBER'S REFERENCE

TO THE EDITORS: Perhaps this warning will prevent some of your other readers from being robbed in the same way that we were recently.

Many homes here, especially physicians' homes, are burgled by women who apply for a position as maid in answer to a newspaper ad. Asked for a reference, they give the prospective employer a telephone number and suggest a particular time when it should be called—"because the madam is away and won't be back until then."

When the number is called, the person on the other end of the wire (the maid herself) gives the applicant the finest possible reference. The new maid is hired, and the first time she is left alone she walks out with the most valuable things she can carry.

M.D.'s Wife
Brooklyn, New York

FOR BETTER TECHNOLOGY

TO THE EDITORS: Several articles have appeared recently in *MEDICAL ECONOMICS*, touching on the important subject of the laboratory technician as an adjunct to the practicing physician's office personnel. It may not be out of place to clarify the problem...

Just as the physician recognizes the value of a proper preliminary education for the nurse he employs, so he should look carefully into the background and technical education of his

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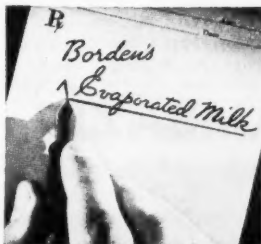


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laboratory assistant. This calling is now established as a learned vocation requiring at least one year of college instruction, including chemistry and biology (to be raised in 1938 to two years), and a full twelve months of instruction in a training school approved jointly by the American Society of Clinical Pathologists and by the Council on Medical Education and Hospitals of the American Medical Association...

Even with trained medical technologists, the physician has to evaluate laboratory findings—a function not in the province of the technologist. (We do not refer to laboratory results in which the diagnosis is obvious.) Without, however, casting reflections on our profession, how many colleagues are in a position to interpret laboratory figures as a basis for diagnosis and treatment? For these difficulties we have recourse to the clinical pathologist...

We recognize the value of a laboratory technician to the physician who conscientiously makes a thorough examination of his patients, accompanied by the indispensable routine urine and blood examinations. It is for this type of doctor and for the hospitals that the American Society of Clinical Pathologists assumed in 1926 the idealistic and humanitarian task of insuring the proper qualification of laboratory personnel by issuing certificates of competence and by standardizing training schools.

An attempt to convert an ordinary office girl into a laboratory worker would degrade a respected scientific calling and bring conditions back to the chaotic state they were in before the registry was instituted. The doctor would unhesitatingly condemn a lowering of the standards of medical education. The same should hold true of medical technology...

Philip Hillkowitz, M.D.

Chairman, Board of Registry

Am. Society of Clinical Pathologists



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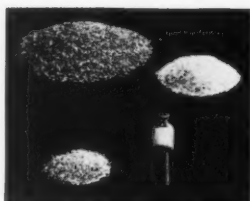
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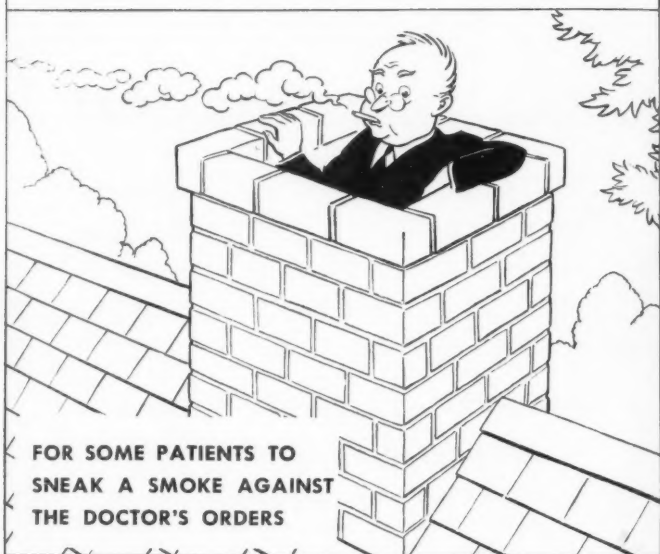
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10 Five-Grain Blood's
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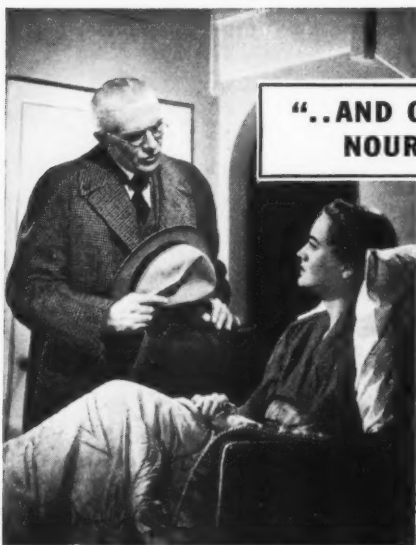
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NOURISHING FOOD"**

Convalescence from influenza, pneumonia and other illnesses associated with winter is a slow process, frequently requiring as much care as the acute attack. The dietary management is particularly difficult. Appetite and digestion are handicapped, yet the demand for nourishing food is increased. A diet which has proved beneficial at this time is one which supplies maximum caloric value in a palatable and easily digested form.

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Ovaltine is a food supplement which fulfills all the requirements of such a dietary regimen. It was originated, specifically, as a convalescent food. It is a highly nourishing and well balanced food. Ovaltine itself is easily digested and rapidly utilized, but in addition it increases the digestibility of the milk in which the beverage is

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Copr. The Wander Company, 1937.

☆ SIDELIGHTS ☆

THREE ROUSING CHEERS for the way the dentists blocked the Farm Credit Administration's recent attempt to put through a dental insurance scheme in several states in the Midwest! A hint of what was afoot, and the American Dental Association promptly got busy. After a brief but sharp tussle, the FCA was persuaded to look for other ways to spend the taxpayers' money.

The medical profession cannot boast of equal success in its efforts to check similar plans for health insurance emanating from the Rural Resettlement Administration. Maybe the RRA is more persistent than the FCA. Or maybe physicians have failed to recognize the threat that confronts them. Anyway, the victory of the American Dental Association shows what united, aggressive professional action can accomplish.

IN ALMOST EVERY state in the Union legislatures are in session. This automatically transfers the front line of medical defense to the state capitals. Law-making assemblies are field day for the enemies of medicine and the public health. Now is the time for all good physicians to come to the aid of their profession!

Medicine is facing a heavy barrage of hostile bills in many states. Bills to forbid animal experimentation, to license quack cults, to break down the standards of medical education, to abolish compulsory vaccination, to socialize practice.

Committees representing medical organizations are busy, of course, combatting adverse sentiment among leg-

islators and promoting an understanding of health needs. But when all is said and done, old Dr. Constituent at home has the most influential voice. No suspicion of lobbying attaches to him. His reputation and influence in the community are well known to his representative.

If he happens to be the latter's personal physician, so much the better. A letter, a telegram, a phone call, or a visit from him will outweigh the speeches of a dozen social theorists who rarely see the inside of a sick-room. Any legislator will give serious consideration to a prescription for the public health from the doctor who prescribes his private medicine.

WHAT'S IN A NAME? Plenty, according to Dr. Frank H. Rodin, San Francisco ophthalmologist, who believes that specialists in his field suffer from a plethora of designations.



Physicians themselves sometimes stumble over the difference between "ophthalmologist" and "oculist." And when "optician" and "optometrist" are added to the list of "eye specialists," no wonder the public is confused.

To simplify matters, Dr. Rodin proposes that "ophthalmologist" supplant

"oculist" in scientific publications. As this would be too much of a tongue twister for the general public, he suggests "eye physician" for lay use. "Eye specialist" he frowns on as too vague. Its inexactness encourages misuse.

The campaign to clarify ophthalmologic titles has the support of the Guild of Prescribing Opticians of America. It's a good idea—even if a rose by any other name *does* smell as sweet!

NOT ALL HOSPITALS appear to know the meaning of *quid pro quo*. While they constantly accept and even solicit favors from the profession—such as free services, cash contributions, books and equipment—let a physician need



their help and they close the door in his face.

Many institutions refuse to reduce their charges to their own medical staffs. A few big-hearted ones offer a professional discount; but it is frequently so hedged with restrictions as to be worthless in an emergency. Either the courtesy is available to only one physician at a time; or it is limited to staff members; or it does not apply to dependents.

Of course there are exceptions—hospitals which feel that they are granting a right, not doing a favor, when they open their doors to the sick physician and his family. The Italian Medical Center in New York City is one. Founded by Dr. A. L. Soresi, it furnishes complete hospital care to medical men without charge. For his dependents the practitioner

pays the actual costs of hospitalization; but all necessary medical service is free.

More power to the Italian Medical Center and institutions like it. May their example take root and spread!

HISTORY DOES NOT always repeat itself. Who would have expected the descendants of the Boston Tea Party—veterans, too, of the war against Volstead—to consent so cheerfully to the "must" of Federal social security legislation?

To many observers the element of compulsion is the antithesis of real security. The sacrifice of fundamental rights of choice is always dangerous. In its first stage it may merely force the worker to spend his wages as the government decrees. In a more advanced phase, it may expose dissenters to the firing squad or executioner's axe.

So far the American public has rejected the iron fist in the silken glove of compulsory health insurance. People may be willing to have the government tell them how they must provide for old age and unemployment, but they still want to deal with the intimacies of sickness themselves, to be treated by the physician of their own choice as his professional judgment (not the state) dictates.

Compulsory health insurance is perilously akin to Mark Sullivan's characterization of the totalitarian state, namely, dictation of the government in every area of life in which it chooses to assert autocratic power. As long as this country steers clear of governmental domination in the purely personal relationships of sickness, there is hope for the American democratic tradition.

IS THERE ANY good reason why the undertaker's bill should be a first-class claim upon an estate while the medical bill is relegated to third or fourth place?

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That's what happens in most states. By the time accounts enjoying priority are paid, there is often little or nothing left to satisfy the physician's claim. If the decedent's last sickness was a prolonged one, it may mean serious financial loss to the doctor.

Enterprising medical societies are beginning to fight this kind of discrimination. In Michigan, for example, necessary changes in probate procedure are now being demanded, with the result that the expenses of a fatal illness may soon constitute a ranking claim by law.

Do you practice in a state where the probate laws leave medical men out in the cold? Then don't be backward about starting a movement for revision. Petty statutory discriminations of this kind spell unwarranted worry and self-denial for the family physician.

THERE ARE MILLIONS of dollars in research back of the detail man. You can cut yourself in on this valuable investment by listening carefully to what he has to say. This is an excellent way of keeping up to date on pharmaceutical progress.

Tell the detail man at once what your specialty is and save time. Learn what his product can do for your particular field without having him wade through a lot of irrelevant territory trying to get on the right track.

In arriving at an opinion, don't stop with the detail man's talk. Discuss the preparation with other physicians before accepting it or turning thumbs down. Often a little personal experimentation will disclose other uses for a product besides those described by the detailer.

"THE IDES OF MARCH" hold some consolation for the physician. Even as he pays his income tax, he knows that a number of the so-called charitable clinics that compete with him must do the same.

New Treasury regulations require

exempt corporations to prove their continued right to exemption. While this means inconvenience and expense to genuine philanthropies—as any one who has faced the inquisitorial eye of an income tax inspector knows—it will ferret out those hospitals and clinics which end the year with a tidy profit at the profession's expense.

Frequently these institutional wolves in sheep's clothing attract patients from private practice by advertisements extolling the superiority of their "free" service. A quarter charge here, fifty cents there, and the "free" service soon costs as much as private medical care.



The big stick of the Bureau of Internal Revenue has its advantages.

EVERY SO OFTEN commercial agencies turn to financing medical and dental care. The usual procedure is for the patient to sign a note which the finance company discounts, holding back a specified amount, usually around 10%, as the finance charge. As a rule, at least one endorser is required.

Unless a physician is hard pressed for cash, there is no reason why he should not finance his patients himself, adding a fair interest rate to his fee and thereby saving the 10% discount charge. He knows something of his patients' reputation and financial status; and a risk that is safe for a loan agency is safe for him, too. Patients frequently prefer this confidential treatment of a debt to the introduction of a third party who, however benignly disguised, may retain some of the earmarks of a Shylock.

—WILLIAM ALAN RICHARDSON

OIL FOR THE WHEELS

☆ *Here is a storeful of ways in which you can help your pharmacist and, at the same time, help yourself.*

BY R. L. SWAIN, Phar. D.

I SHOULD BE the last one in the world to suggest that pharmacy file a bill of complaint against the medical profession. Each group has troubles of its own and this perhaps accounts for failure to work out a real, cooperative program.

Even so, I believe that medicine and pharmacy do not occupy the position toward each other which their duties and responsibilities suggest as sensible. There has been too much pulling apart and not enough pulling together. There has been lacking that spirit of understanding which should characterize all the public health professions.

I shall make no attempt to lay the blame, nor shall I contend that pharmacy is free from criticism. I am plainly aware that the pharmaceutical profession needs to do some house-cleaning of its own.

In spite of this, however, I do wish to point out that the pharmacist of today has a right to the confidence and respect of his medical colleagues. He has been given *four years* of collegiate training in *one* of the medical specialties. He has pursued a standard professional course to fit him for the job of preparing and dispensing medicines. He has been taught drugs

from their pharmacognostic, chemical, physical, microscopic, pharmaceutical, and pharmacological points of view. He has been drilled and drilled and drilled again in their various phases. He is the one who may claim to be expert in pharmaceutical practice.

From what has already been said, it is obvious that the pharmacist is opposed to dispensing by physicians. It shatters the principles upon which pharmaceutical education rests. The physician is no more qualified to engage in intelligent dispensing than the pharmacist is in counter-prescribing. In each case there is the assumption of responsibilities for which neither is fitted. Every just criticism which can be aimed at the medicine-practicing pharmacist can be aimed at the pharmacy-practicing physician. Neither practice can be honestly defended. Both practices are to be openly condemned.

Let the shoemaker stick to his last! Let the pharmacist practice pharmacy and let the physician practice medicine. Such a procedure will build confidence and respect on both sides. It will stimulate teamwork from which both physician and pharmacist are certain to gain.

Now, a few words about prescriptions:

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carefully and legibly. I know of several damage suits against pharmacists which resulted from mistakes in deciphering what the doctor had in mind. Real danger lurks in the poorly written prescription. The matter is important enough to warrant closer attention on the part of physicians.

Never give the patient verbal orders what to get. Always write the prescription. If the doctor only knew how many times the patient hot foots it to the pharmacist to ascertain whether the product the doctor has told him to get is suited to his needs, I am certain the doctor would hesitate to broadcast the medication in question. Then again, psychologically, it is bad to let the patient know what he is taking. Self-medication, the popularization of patent remedies, the misuse of drugs and medicines—all are to be traced to this unfortunate habit of telling the patient what to get.

Closely related is the practice of handing out samples indiscriminately to the patient. It is bad for the patient and bad for the doctor. Bad for the patient because it sends him pell-mell down the road of self-medication. Bad for the doctor because he has undoubtedly lost control of the patient. Frequently the latter passes on the name of the item to his friends; his friends do likewise; and in a surprisingly short time a new drug product becomes a household word. This careless practice on

the part of doctors has been as productive of self-medication by the public as newspaper advertisements of patent medicines.

Never write prescriptions for an individual item when it can be avoided. I have often seen people come into drug stores with the individual item cut from the prescription and ask the price of it. The thing gives itself away because of strange pronunciation or some other factor. In this price-conscious day, the practice is much more widespread than the physician suspects. The difficulty can be avoided by writing for two or more items. Aspirin can be colored with



Dr. Swain has been identified with pharmacy since 1904. His many offices include: secretary-treasurer, Maryland State Board of Pharmacy; deputy food and drug commissioner of Maryland; president, American Pharmaceutical Association.

charcoal, aromatic powder, or otherwise. Many other preparations lend themselves to similar treatment. In all these cases, the patient gets what the doctor wants him to have without the information which he does not need and which, in most cases, he cannot properly understand or use.

Never tell the patient that the product prescribed is ready-made. That is wrong from several points of view. The patient frequently in-

ture is relatively unknown to the doctor, but it is an old story to the pharmacist. Obviously, I do not mean that the physician should avoid using ready-made preparations. Quite the contrary. But I suggest that he scrupulously avoid furnishing this information to the public.

Never fail to give the name and address of the patient on the prescription. This detail greatly facilitates the delivery of the medicine

Ewing Galloway



sists on seeing the preparation, and not unlikely will demand to purchase it in its regular form and not wait for the pharmacist to label it in accordance with the doctor's directions. Then again, the physician is often criticised for using patent medicines instead of devising an individualized treatment.

I have often heard the patient express amazement that the doctor had ordered a ready-made preparation. This side of the pic-

ture is one of the factors entering into the accuracy of dispensing. With two or more prescriptions in the process of being compounded, it is essential to have them clearly identified. One manner of doing this is to mark them with the name of the patient.

Always—and this should be followed without exception—give the ages of young children on the prescription. This is a necessary precaution, and is a great aid to the

safety of the patient. I recall in particular an instance of a prescription calling for one-grain powders of calomel to be given every hour. By the merest chance, the doctor came along a few minutes after the prescription had been filled, but before it had been delivered. Noting the prescription on the counter, he told the pharmacist that the powders were for an infant only a few months of age. The prescription was changed to 1/20 grain powders. True, "all's well that ends well," but writing the age of children on the prescription is a wise safeguard. Make it a fixed habit in your practice.

Never price the prescription to the patient. It is more or less customary for the doctor, in answer to the patient's inquiry, to state what the prescription will cost. Nothing irritates the pharmacist quite so much, and justifiably so. The physician should not attempt to fix the scale of prices for compounding. This is the pharmacist's right and prerogative.

The physician, in most cases, does not know how much time is required to fill the prescription properly, nor is he in a position to place a figure upon the professional care and skill which are brought into play. By giving the patient the price, the physician frequently places the pharmacist in an embarrassing position. If the prescription is priced too low, the pharmacist is put to the necessity of defending the proper price, and to take issue with the doctor. This can be avoided if the physician will refrain from giving the price of prescriptions.

Never agree with the patient that the pharmacist overcharged

on prescriptions. This is not consistent with the relations which should exist between physician and pharmacist. If the physician considers the pharmacist's charge excessive, by all means take it up with him. Upon reflection, however, I am inclined to think that the physician will leave this matter to the pharmacist. Competition is so keen that there is difficulty in securing even an adequate price for prescriptions. Getting away with an over-charge is little more than a possibility.

In prescribing unusually expensive products, always inform the patient that the pharmacist may have to charge more than for the average prescription. This will be of great aid to the pharmacist, and will also serve to keep the patient satisfied. It is recognized that many proprietary preparations are uncommonly expensive and in these cases, the pharmacist must, of necessity, make his charge accordingly. A little cooperation here on the part of the doctor will place the pharmacist in the proper light with the patient and will merit his thanks and appreciation.

Never fall into the habit of writing a prescription under coined names, the meanings of which are known only to the doctor and a pharmacist or two. This is unethical to say the least. It is also unfair to the patient, the other pharmacists, and to the physician involved. I have come across this practice on several occasions. The patient frequently rebels, as he prefers to select his own pharmacist. Other pharmacists rightfully resent it, as it serves to prevent the normal flow of prescription practice. The physician is bound

to create the impression that he is serving some selfish purpose of his own.

A physician should obviously never accept commissions from a pharmacist as a share of the income from the pharmacist's prescription practice. It compromises physician and pharmacist alike, and is looked upon with the utmost disfavor by the public when it becomes known—as it usually does. It is just as reprehensible as fee-splitting among physicians, lawyers, or other professional groups. It is contradictory to professional ethics, and inconsistent with every sound conception of professional integrity. This hook-up between physician and pharmacist should be shunned as the plague.

Don't blame the pharmacist if the prescription does not give results. Strange as it may seem, I have known physicians to throw the blame on the pharmacist when faced with the patient's criticism that the prescription did not help him. This is patently unfair. In a case called to my attention not long ago, a physician prescribed a solution for a patient's eye. Later, when the eye condition did not improve, he told the patient that the prescription had been improperly filled. It so happens that I saw the prescription filled and know that it was filled exactly as written. I don't know how often such things occur, but the mere fact that they occur at all is justification for referring to them in this discussion.

Never criticize the pharmacist in the presence of the patient. First of all, it is usually unfair, unjustified, and uncalled for. While it

may do the pharmacist harm, it may do the physician equal harm. It so happens that the patient is often as friendly with the pharmacist as with the physician. The physician should be just as considerate of the reputation of the pharmacist as he is of his own.

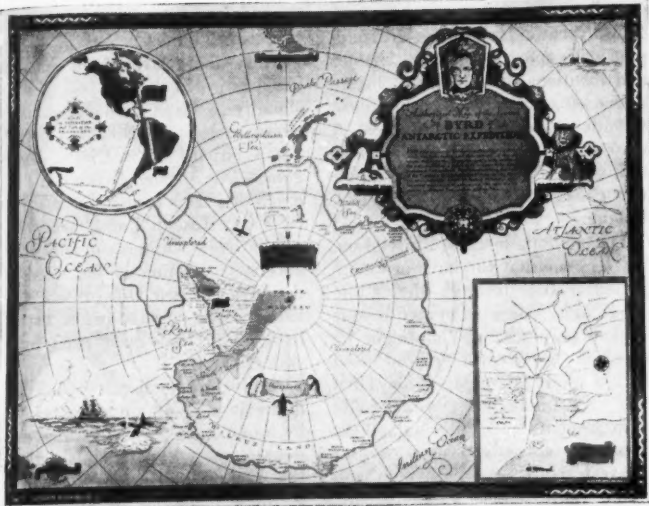
My final plea is that medicine and pharmacy seek to function as colleagues striving for a common goal. That each diligently cultivate that spirit of accord, that spirit of mutual understanding and obligation, that spirit of purposeful cooperation which their respective abilities and capabilities certainly suggest as sound, sensible, and wholly desirable.

DOPE QUOTA FIXED

TO THE PHYSICIAN filling in his yearly narcotic blank, five grains of morphine may seem enough, but it's not even a drop in the ocean to the narcotic supervisory board of the League of Nations which has fixed the world's medicinal need for morphine during 1937 at 45 tons.

Established in 1931 to limit the manufacture of dangerous drugs to medical requirements, the board is composed of four men—a Briton, a Frenchman, a Swiss, and Herbert May, of New York. Of this year's 90,147 pounds of morphine, 15,466 are for the United States. This country gets none of the ton of heroin allotted, but it does get 1760 pounds of cocaine.

All these totals represent small increases over 1936 estimates, the reason being the expansion of medical services in certain countries. The United States, which uses more morphine than any other nation, has its quota upped 10%.



ALL OVER THE MAP!

BY FRANCIS J. McHUGH

MAPS SUNDER the shackles of space and time. Peculiarly conducive to the association of ideas, they can bring the beauty, picturesqueness, and even the peril of the earth's four corners into your living room. Rapturous Bali, the junks of the Yangtze-Kiang, the dizzy slopes of Everest—all are yours with a map and a little imagination.

Most of the maps you look at are the offspring of so-called "mother" maps compiled in the great majority of cases by some government. The world's face has been measured from every angle by engineers

and surveyors. Data thus gathered is compiled into great charts by expert cartographers and topographical draftsmen.

These source maps are crowded with a million and one minutiae. From them are made the smaller, less detailed maps sold by the government to the public. Commercial maps are derived sometimes from the master government maps but more often from the smaller sectional replicas.

Since commercial maps are designed for a particular purpose, they present only such details as

[TURN THE PAGE]

contribute toward that purpose. Thus, vacationland maps are dappled with sporting sketches, names and locations of golf clubs, bridle paths, etc. Military maps highlight elevations, roads, and bridges. A map of Italy may depict the glory that was Rome; a research project chart, the sweep of the Black Plague.

For a more homely illustration, let's assume that you have just completed a trip through the White Mountains. You wish to record your junket graphically. You begin by covering the road map you used with a piece of tracing cloth. Then you trek again over your route with a penful of India ink. Next you accentuate places of particular interest. At Franconia Notch you had a flat tire. A brief note is made to that effect, or perhaps, a little humorous sketch is drawn in. You have snapshots of yourself and family riding, bathing, or fishing. These are pasted at their proper location on the tracing. Finally, you letter an appropriate title over your cartographic achievement and have the whole thing photographed.

Presto! With very little outlay and the use of odd moments of leisure, you have perpetuated your trip and had a whale of a lot of fun doing it.

Maps can be gathered from many sources. Gas stations, in addition to having a variety of road maps, often carry special pictorial or historical ones. All sorts of timely events and developments are pictorialized with maps in newspapers and magazines. Travel agencies, tourist information booths, steamship companies, hotels, and bus terminals stock a heterogeny of route maps delineating every-

thing from old stage-coach lines to modern air lanes.

Then there are those comprehensive world charts issued occasionally by large commercial enterprises such as the Diamond Crystal Salt Company of St. Claire, Michigan. While gazing at them it's not much of a trick to imagine the seals on Franz Joseph Land, head-hunters in New Guinea, or mournful derelicts straining at the weeds of the Sargasso Sea. One of New York City's more sophisticated department stores has even produced a skiiers' map.

Interesting items can often be run down as a result of hints dropped by radio speakers or culled from newspapers. A particularly pleasing feature of map collecting is its high incidence of opportunity. In addition to the sources already mentioned, there are highway department road maps, some of them beautifully illustrated (e.g., the tercentenary maps of Connecticut and Rhode Island). Book stores feature colored picture maps reminiscent of the quaint old goblin-strewn charts. They can be had for from 50c to \$1.

About forty bureaus and independent establishments are engaged in compiling government charts. Best known are the U. S. Coast and Geodetic Survey and the U. S. Geological Survey. The Hydrographic Office of the Navy Department compiles nautical charts. The Department of the Interior offers maps illustrating the growth of the nation.

A catalog containing prices and descriptions of available government maps can be obtained from the Superintendent of Documents, Government Printing Office, Wash-

ington, D. C. Some of the maps are free; 75c is the average price for others.

Any sizable public library has a map section where federal and commercial maps can be pored over by the collector. If he contemplates a fireside cruise among the islands of the Caribbean, for instance, the arm-chair Hakluyt may select his charts at the library, copy their names and numbers, and then order them from the government.

As in all collecting, the inherent and motivating factors are the fun of acquiring and the pride of possessing. But the map collector may discover that his hobby dovetails

with his other activities as well. The physician who indulges, for example, in non-professional reading will find a map collection a valuable adjunct to his library. With a map at hand, he need no longer content himself with mere word-pictures of the scene of Dr. Wilfred Grenfell's work in Labrador or the shifting locus of Dr. Victor Heiser's *Odyssey*.

In one physician's waiting room a beautiful specimen holds the interest and calms the impatience of many a man, woman, and child. Measuring 3' x 5' and set off with a narrow, plain frame, it pictures the unfamiliar contour of India and her neighbors—the Arabian



Did the teacher ever catch you wool-gathering over the pale pink and sickly green reaches of the class-room wall map? If so, you may find the hobby of map collecting a "natural." You'll know for sure by the time you've read what Mr. McHugh has to say.

Sea, Baluchistan, Afghanistan, Tibet, China, Siam, and the Bay of Bengal.

Preservation of a map collection is simple. Small maps can be pasted in scrap books; large ones can be filed flat; choice pieces, of course, should be framed. An inexpensive card index can be used to keep tabs on a larger collection.

The collector will find books on maps of little use to him unless he desires to know about topographical drawing and map compilation.

In that case, he can select from standard works at a library those that suit his particular needs.

Perhaps the most appealing characteristic of map-collecting is that it is a pioneer hobby. It has no cut and dried formulas, no mildeu standards, no blue book of values. Its development depends chiefly on the intelligence and enthusiasm of the hobbyist. It is unbeatable for those who have plenty of imagination, not too much time, and a modicum of spending money.

HIS OWN MILKMAN

DR. HARRY ANDERSON, of Corvallis, Oregon, is certain that patients at his private hospital get pure milk because he produces it himself on his 2400-acre stock ranch near Wrenn, Oregon.

The dairy is run on much the same antiseptic principles as a modern operating room. Each milker (see cut) must not only observe rigid rules of personal cleanliness; but during milking hours he must also wear a white uniform and a surgeon's cap and mask. Regular health inspections are the rule. No one with a cold is allowed to tend or milk cows.

In the seven years of the dairy's operation, the raw milk bacterial count has been reduced from the usual 2500 per c.c. to 900. To maintain this average, every cow added to the herd is double-tested to exclude the slightest taint of tuberculosis, garget, or abortive fever. If Bossy fails to pass the tests satisfactorily, she goes to the slaughter house or is destroyed as

unfit for consumption as food.

Dr. Anderson feels that his experiment has paid; for, with no expensive paraphernalia and only a slight increase in production costs, he is supplying his patients with the purest milk possible and is improving his strain of Jersey cows. Besides, he has a waiting list of prospective customers.



For dairy operations, surgeons' precautions.

MEDICINE AND THE STATE

BY THE HONORABLE THOMAS D. THACHER

Mr. Thacher, former solicitor general of the United States, hurls a sweeping challenge at the constitutionality of compulsory health insurance for the American people. This article approximates a longer address which he delivered recently before the New York Academy of Medicine.

IT IS ONE of the ironies of fate that your profession, which above all others has taught the world the value of scientific research, should, at a time when the discoveries of medical science have so miraculously relieved mankind of so many ills, be made the victim of erroneous conclusions drawn from research of another sort.

You have been put through the wringer of statistical analysis and sociological research, and have come out drenched with printer's ink, confused and harassed by discordant voices contending in continuous debate over socialized medicine under a compulsory system of health insurance.

After such an experience what you need most is a bath, a rest, and a little quiet thought.

Those who agitate socialization of medicine rely upon facts disclosed in the report of the Committee on the Costs of Medical Care to support proposed remedies which the committee itself rejected. Because these advocates are able to cite the report, their proposals appear to those who have not read the report to be the result of careful scientific study.

The fallacy which underlies these proposals is in most cases traceable to generalizations which in any scientific consideration of facts would be ruled out at once. To put it concretely, figures indicating averages for the whole of the United States are made the basis for the universal application of a single remedy, without consideration of the local conditions under which it is to be applied. This is a peculiarly erroneous method of thought, and an extraordinarily dangerous method of action. It has often characterized sociological as distinguished from scientific research.

I emphasize the distinction between the purely scientific approach of your profession and the pseudo-scientific approach of the sociologist, because, if we are to consider the proposal that medical care of the American people shall be entrusted to government, it is necessary to avoid the generalizations which seem to have been blindly accepted in much of what has been published on the subject.

The Committee on the Costs of Medical Care considered the problem of providing satisfactory medical service to all the people of the

United States at costs within their reach and adequate to compensate the service. In its recommendations a majority of the committee said:

The problem is complicated, and differs from one region to another. No panacea is available. No solution is applicable today to all areas of the country. Americans are prone to think of the United States as comparable to such nations in western Europe as France, England and Germany. Actually this nation more nearly resembles the continent of Europe as a whole; it has prosperous rural regions like Denmark, closely knit industrial districts like Belgium, and mountainous and desert regions which present social and economic questions almost as difficult as those found in a Balkan Province.

Thus, this committee did not attempt to impose upon the United States, or upon any community within the United States, a preconceived plan for the reorganization of medical service. On the contrary, it pointed out the extraordinary accomplishments in the advance of medical science, and the needs of the profession and of the people which should be met in a process of evolution by which the members of your profession could more effectively serve the people and be more adequately paid for your service. It dealt with ultimate objectives, and with the utilization and perfection of present resources in the attainment of these objectives.

Following the publication of the report there has been continuous debate. It has centered very largely upon the question of socialized medicine under a system of compulsory health insurance. Those who support this measure do so

wholeheartedly, and would have the system adopted in every state without regard to local conditions or existing institutions.

To be compulsory, such a plan must have the force of law. It may be authorized only by state legislation.

Ordinarily a state legislature will and must have regard for local conditions and local institutions. If, however, the federal government, following the pattern of the Social Security Act, should provide federal appropriations in aid of compulsory health insurance, provided for under state statute, pressure upon the legislatures of the states to set up such systems at the cost of the federal government might very well result in such enactments without due consideration of local institutions and local needs.

Serious question would certainly be raised as to the constitutional validity of such laws if they were made compulsory, and if there were discrimination in the cost of such insurance as between those in the upper and those in the lower income brackets. It is a great temptation to be charitable with other people's money, but the Constitution denies that privilege to the legislature, although this limitation may sometimes be avoided through an exercise of the taxing power.

Certainly the states have no power to enforce a sliding scale, or to take the money or property of the rich and give it to the poor. Generosity in relieving distress is characteristic of our people, and peculiarly characteristic of your profession. But we prefer to do our own giving.

In the heat of this controversial debate there are those who have

severely criticized you and all your works, in the face of one of the greatest accomplishments in the service of mankind, and have scorned your service to the poor as charity, asserting it to be the right of every man to have free

Pictures, Inc.



JUDGE THACHER

"Serious question would certainly be raised as to the constitutional validity of such laws if they were made compulsory..."

medical care if he be unable to pay for it.

In a perfect state no one would deny that right. In no state has the duty to provide such care been more universally recognized by government than in the United States. The services of all our great hospitals, dispensaries, clinics, health stations, and maternity centers, with all their equipment and technique, are available to the poor. In addition, medical and nursing care is furnished in the home without cost to W.P.A. workers and to those on home relief. Wherever such facilities and services are established they are made available to those who cannot afford to pay for them if they are within the communities served.

It is true that there are over five million people living in the mountains of the South beyond the reach of medical or nursing care and there are millions more in other places in this country. The reason is economic. Few families in those remote Southern mountains receive in the aggregate more than \$100 a year in cash. Their children are born without medical or other care. In Kentucky there is the Frontier Nursing Service, supported by charitable gifts. In North Carolina, under the Farmers' Federation, through cooperative efforts, these people have set aside a portion of their lands and the products thereof to provide for the services of community nurses.

Contrast the problems of the millions of people living in remote rural communities with the problems of the millions of people living in the City of New York. Such problems will not be solved by preconceived plans predicated upon statistics and averages drawn

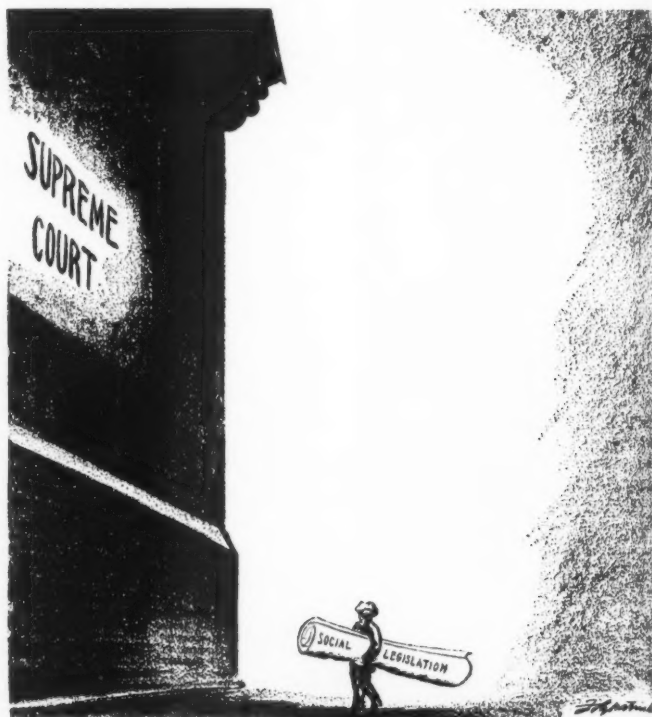
'from all over the United States. They will be solved only by an extensive study of all the social and economic elements affecting human welfare in particular communities.

From the standpoint of the service it renders, your profession may not be regarded as a single unit coterminous with the boundaries of the country. In every hamlet, town, village, and city throughout the land the members of your profession are confronting with intelli-

gence the local problem of adequate medical care for the individual men, women, and children who live within the community they serve.

Your remedies are not prescribed for the mass, but for the individual. If legislative remedies dealing with diverse needs and conditions are necessary, they must be prescribed in the same way.

We need more of your practice in legislation, and less legislation in your practice.



Fitzpatrick in the *St. Louis Post Dispatch*

HIGHWAY FIRST AID

IN AN ATTEMPT to lessen the tragic end results of automobile accidents, the American Red Cross has established first-aid depots in hundreds of gasoline filling stations along the nation's highways. This activity has inspired abundant comment—editorials, magazine articles, news stories, and even cartoons (see page 36). Yet few physicians have expressed themselves in print. Last month **MEDICAL ECONOMICS** invited a number of practitioners to give their opinions on this timely topic. Several typical comments follow. More will be published next month. The majority of those quoted prefer to remain anonymous; hence, only the town and state are indicated in each instance:

WILKES-BARRE, PENNSYLVANIA—The establishment of first-aid cabins at suitable points along the highways would be a far more effective measure than requiring every gasoline company to equip its stations as emergency depots. Especially since so many filling stations are located across the street or around the corner from a physician's home or office. Then, too, three or four gas stands are often located on adjoining property. Who is to decide which one is to be granted the prestige and publicity attendant upon its displaying a Red Cross sign?

There is always the danger that such formalized emergency care will be accepted by patients as finished treatment. The results may be very bad. In spite of the decline of the horse, street injuries are

a major source of tetanus. Such wounds need medical cleansing and often require the administration of antitoxin. Patients may not receive the benefit of those precautions if they rely on the care of the man at a gas station.

Furthermore, the mere presence of a first-aid kit is apt to cause a great deal of well-meant but harmful tampering with lesser wounds. It is quite possible that more than one fracture will be treated as a "sprain."

All hospitals receive accident patients moribund from blood loss and shock. Their history usually shows that such patients have been carried past many places where help might have been found in a mad rush to the hospital. In many instances it would be much more effective to bring qualified medical aid to the injured than to increase the damage already done by an insane dash to a distant hospital. Widespread public instruction on this point would, undoubtedly, do more good than supplying gas stations with bundles of splints.

Since we need more help for those injured on our highways, why not provide equipment in the most logical place—the physician's own car? Wherever traffic is really heavy, physicians go past at frequent intervals. But, how many of them have even a simple emergency bag aboard? If medical supplies are to be furnished at public expense, the place to put them is in the medical man's car. They would really mean something there. The police and public could be instructed to look for and ask assistance from passing practitioners.

I object to the establishment of first-aid depots in filling stations



A medical center at every corner.

because it accomplishes little good and may generate harm, and, most important of all, because so many more important factors in the situation are being overlooked.

ELGIN, OREGON—The first-aid kits kept in many industrial plants are stored and handled in such a manner that, when used, they may well do as much, if not more, damage than good. How, then, can you expect the average well-greased fill-

ing station attendant to render any semblance of aseptic first aid?

Several times last year I motored all over California and Oregon. I was appalled to find so many first-aid stations in filthy locations and so many attendants mentally incapable of knowing the first principles of first aid, regardless of the amount of instruction they might receive.

One way really to help and pro-

fect the motoring public would be to establish properly equipped depots under competent medical supervision in those accident-filled localities far from any hospital or physician's office. They should be manned by a paid attendant who is qualified in every way and licensed by the state medical board to render adequate first-aid service.

SAN FRANCISCO, CALIFORNIA—To handle an emergency involving serious injury, a good first-aid man must have the legal knowledge of an attorney, the strength of a wrestler, the bravery of a soldier, the medical ability of a doctor, and—most important—*experience* in first-aid work. Ask the men who ride ambulances!

How can you train gas and oil men up to the requirements just mentioned?

A little knowledge is a dangerous thing. An ambulance crew much prefers to arrive at the scene of an accident and find a police officer keeping everyone clear of the injured persons than to get there and find someone doing his best on the strength of a few months' course in first aid—but frequently doing irreparable damage as well.

I know that I would be most reluctant to have a man whose chief aims in life are to fix a car, sell tires, and wipe windshields, devote any attention whatsoever to my fractured cervical vertebra.

FORT MORGAN, COLORADO—A proper first-aid depot should be light, airy, and clean. Where is a filling station to be found that will answer that description?

Regardless of the training they have had, many attendants in these roadside, combination-gas-and-first-

aid stations do not know how to apply a tourniquet or splints, improvise a stretcher, or give artificial respiration. They do not even know how to treat a wound without infecting it.

Homes along the highways would make much better first-aid depots than gas stations do. And housewives with the proper intestinal fortitude would be better than gas-tank fillers as first aiders.

CASH FOR DISABILITY

MICHAEL M. DAVIS, chairman of the new committee on research in medical economics, formed and financed recently by the Julius Rosenwald Fund (see February issue, page 112), makes the following observation in an article, "Next Moves in Medical Care," published in last month's *Survey Graphic*: "The major sections of the Social Security Act relate to unemployment and to old age, and these programs have medical implications which are even more important than the direct health grants in the law. Within a few years, most of our industrial states will doubtless have unemployment insurance laws . . . In every European country which has unemployment insurance, sickness insurance had been established previously. It would be surprising if, in America, workers could be compensated for unemployment due to industrial reasons, without soon causing Tom Jones and all his friends to demand compensation for the equally unpredictable and even more burdensome unemployment due to sickness. Disability benefit for sickness, furnished on an insurance basis, can more wisely link up with unemployment insurance than with insurance to meet the costs of medical care."



EDITORIAL

CRUSADE INTO CRUCIFIXION

THE CRUSADE AGAINST *venereal disease*, to which medical men have been giving wholehearted support, threatens to trample private practice unless the profession takes immediate action.

During December, at the Conference on Venereal Disease Control in Washington, responsible public health officers—including Dr. Thomas Parran, Jr., surgeon general of the U. S. Public Health Service—acknowledged the importance of the private practitioner in any program for venereal control. Yet just last month in New York at the Regional Conference on Social Hygiene, which Dr. Parran also addressed, two well-known boosters of state medicine urged free venereal disease clinics for the entire population!

It is estimated on good authority that 19,000,000 people in the United States have either syphilis or gonorrhea. However, less than 10% of those infected are said to be under the care of licensed physicians.

In view of such circumstances, no thinking physician denies the need for more adequate means of case finding. But finding cases and rendering treatment are two entirely different things! The medical profession is glad to extend itself to the utmost in furthering a campaign which will result in more satisfactory reporting of venereal cases. Emphatically, however, it challenges the establishment of clinics which would render free treatment to the public at large!

With all their charity, physicians must live. Consider the

tremendous economic loss to the profession if one sixth of the population is removed from private supervision by a policy of free venereal care for everyone who needs it!

If not a pretext for the introduction of state medicine, this latest step is certainly a cordial invitation to it. Imagine the reaction of the person who has a venereal infection and can pay a private physician yet who finds local clinics waiting and anxious to give him free treatment. Will he be disposed to spend money for medical care when other diseases claim him later?

Once venereal disease is exposed, the victim should be instructed to go to his family doctor for treatment. There he belongs. There his case may be handled in complete privacy without disruption of family and social relationships.

If the profession is to avoid the unnecessary loss of this vital branch of practice, it must protest at once against the movement for free venereal clinics. Such protests may be addressed to legislative representatives, service clubs, miscellaneous civic groups, and county, city, state, and national health officers. In certain instances attention need merely be called to the soaring tax rate that will result if free treatment is offered to 19,000,000 persons indiscriminately and without regard for their ability to pay.

Notwithstanding Surgeon General Parran's expressed desire to respect the rights of the medical profession, events leave little doubt that certain unofficial groups are anxious to make venereal control a rung in the ladder to state medicine.

It is no use to "deplore greatly" or to "view with alarm." This is a matter of immediate importance which demands immediate action.

H. Sheridan Baker

P ATTERN FOR A ONE-MAN CLINIC



Here's your chance to make an intimate tour of inspection through the model one-man clinic owned by Dr. Harold E. Simon, of Birmingham, Alabama. The architectural miracle which transformed a dowdy residence into this striking building was explained last month in the article, "Time to Remodel!"

NO PHYSICIAN COULD visit Dr. Simon's clinic without being impressed at once with its many conveniences.

The floor plan, for example, is so arranged that all rooms except the reception room are communicating. Thus, the doctor and his staff can circulate freely through the building without having to pass among the patients in the reception room. Members of the clinic staff can even leave the building without going through the waiting room, since there is a side entrance opening from a private driveway. This entrance is highly convenient, too, for accident and wheel-chair patients.

When the remodeled building was being wired, a complete bell-signal system was installed. By means of it, the maid, nurse, and secretary can be summoned from their various stations; and the secretary can call any member of the staff to the telephone without leaving her desk.

Particular care was taken in plot-

ting the location and width of doors and hallways. The result is that stretcher-borne patients may now be carried without difficulty to and from the x-ray and examining rooms and the laboratory.

All windows are of the familiar, up-and-down variety. Those in the front of the building and in the examination rooms are hung with Venetian blinds. The latter admit light and insure privacy, and at the same time they are durable and easily cleaned.

A mechanical stoker which cost \$320 installed makes an efficient heating unit out of the hot-air furnace which was already in the building. It needs attention only every day or two, keeps the temperature uniform, and leaves practically no ashes to be removed.

Descriptions of the various rooms in the clinic reveal some interesting ideas for the physician who plans to build or remodel. Consider the following:

RECEPTION ROOM—Patients who enter here are assured plenty

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of elbow-room. They also find the same charm and comfort which characterizes a well-planned club or hotel room. That atmosphere is fostered to a degree by friendly maple furniture which is both attractive and inexpensive.

A brass ceiling fixture carries out the Colonial atmosphere of the clinic while providing modern, indirect lighting. Floor and table lamps are of maple, to match the furniture. A generous distribution of



The windows of all four treatment rooms are framed with Early American print draperies.

ashtrays reflects a thoughtful host.

Side and front walls are covered with burlap-like paper, while the paper on the back wall (seen as you enter) simulates pine paneling. The floor covering is linoleum.

PRIVATE OFFICE—This room serves as a library as well. Much of its decorative effect results from the presence of generous, built-in bookcases. Twenty-four sections were built and painted at a cost of \$50. A small room off the library is equipped with shelves and containers for reprints and other papers.

Furniture consists of a black wal-



The waiting room is furnished with maple reproductions of colonial pieces.

nut desk with typewriter attached; two black walnut chairs upholstered in leather; and a large, all-upholstered chair designed for solid comfort. A plate-glass top protects the desk from wear and tear.

On the wall are an oil painting, an etching, and several photographs. Frosted metal fixtures provide indirect lighting.

EXAMINATION ROOMS—Here the floors are covered with a light grade of embossed linoleum. The heavier grade was not necessary since traffic in these rooms is comparatively light. The uneven surface was chosen because it is less slippery when wet. Each room has a center ceiling light and two double outlets.

Two of the rooms contain a small desk, three chairs, and an examination table. They are decorated as follows: brown woodwork, light beige walls, and green draperies.

The other two rooms are furnished with a pair of chairs, a white-top metal table, a treatment table, and accessories. Woodwork and ceilings are cream; walls, robin's egg blue; draperies, blue

(Early American prints); and linoleum, blue.

LABORATORY—This room was allotted plenty of space (14' x 14') since it is the clinic's workshop. To reduce foot mileage, it is situated close to the examination rooms.

Walls are seafoam green; woodwork, a shade darker; linoleum floors, still darker. Thus, good use is made of a color at once practical and restful.

The main work table, which has a sink in its center, is 38" high so as to be comfortable to work at while standing (the usual table is 24" to 28" high and is a back breaker for those who stand as they work). A tall stool makes it possible to sit at this table, too.

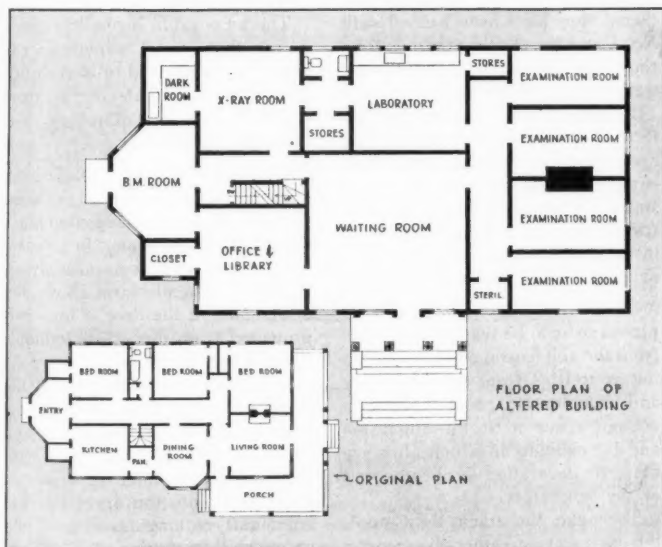
The microscope table is equipped

with a small drawer for slides, etc. Beneath it is a switch for the microscope light.

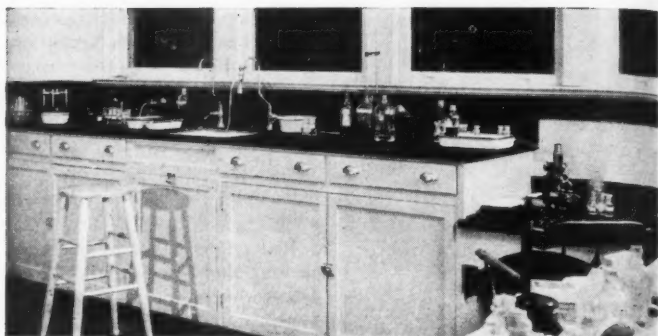
The sink, being 16" by 22", is large enough to prevent excessive splashing. A pressure reducer attached to the pipe leading to the sink also helps solve the splashing problem. It cost but a few dollars.

Rising about a foot above the back of the work table is a blackboard which protects the wall from chemicals and other substances liable to splatter. Under the table are shelves, drawers, and receptacle for waste. A door hinged at the bottom and with a snap lock hides the trash container. A chain keeps it from dropping down to the floor.

Across the laboratory from the



Connecting doors permit the staff to circulate through all the rooms without entering the waiting room.



Four windows insure plenty of light in the laboratory; a built-in work table, plenty of elbow room.

main work table is a third table, used for making dressings and other work in the same general category. All the tables have wooden tops. Glassware does not break easily on them. They have been treated with No. 1 and No. 2 acid-proofing solution; are inexpensive; and will not warp, crack, or break.

A closet at one end of the laboratory is equipped with shelves and accommodates brooms, drugs, and supplies. Equipment includes a small electric refrigerator, an electric sterilizer, and a white-top metal table on which are placed drugs and various other supplies.

X-RAY ROOM—This room is placed so as to be readily accessible from the side entrance of the building as well as from the laboratory and examination rooms. There is enough space in it for apparatus and for cabinets in which films are filed. Its decoration duplicates that of the laboratory.

To make the room light-proof, the doors are weather-stripped; a piece of felt attached to the lower edge of each is automatically

tripped so as to hug the door sill when the door closes. A special blind built into the frame of the room's lone window blocks light from that source, too.

The x-ray table is placed in such a way that stretcher patients can easily be transferred to it. A switch controlling all lights in the room is within easy reach of anyone operating the fluoroscope.

DARK ROOM—Since this room opens directly off the x-ray room, light-proofing it was made that much easier. The transformer, in a veneer board case with removable front, is placed on a platform above and to one side of the door. Thus, it is protected from dirt while valuable space is saved.

Extending along one side of the room is a large tank used for developing. A counter runs over and beyond it, forming an L. Beneath the end of this counter the dryer has been built. Into the dryer slides a horizontal rectangular frame that accommodates twelve film holders. A small fan placed on a shelf at one end of the dryer completes a most

satisfactory piece of equipment which costs only a few dollars.

Hot and cold running water is provided. Condenser coils and a thermostat maintain a uniform temperature of 65° in the developing tanks.

METABOLISM ROOM—This is used for more than its name implies. Provided with a folding cot, finished like a sun parlor, and decorated with green checked wallpaper and cretonne curtains, it is available for emergency patients as well as for those who come in for metabolism determinations.

STERILIZING ROOM—The heat and steam produced by sterilizers in hot weather is most undesirable in rooms where patients are accommodated. Therefore, a tiny room (3½' x 5') is dedicated to sterilizers. It has several electric outlets, and contains a table on which the apparatus is placed. During the summer its window is opened and its door kept closed. Thus, heat and steam are ushered promptly out of the building.

TOILETS—One is convenient to the x-ray room for colon patients and one is available to the clinic staff. Linoleum runs 54" up each

wall. It cost \$23 as against \$80 for tile. Tile floors are green, as are the draperies.

Dr. Simon has found that his new clinic possesses financial as well as physical advantages. Upkeep for 1936 was as follows:

Taxes	\$ 150.00
Insurance	100.00
Janitor	234.00
Electricity	300.00
Heating	50.00
Gas	9.44
Water	35.72
Incidentals	50.00
Interest	600.00
Amortization	600.00
Total	\$2129.16

Monthly rent in a nearby professional building averages \$19 per 100 square feet. Dr. Simon's building takes in 2,624 square feet. Hence, the approximate yearly rental of that much space at the professional building rate would be \$5,976 (electricity not included).

Property (house and lot) similar to Dr. Simon's before he remodeled can be bought for from \$5,000 to \$10,000, depending on local real estate values. Remodeling the building cost \$4,500.

NEED FOR VITAMIN CONTROL

VITAMIN PREPARATIONS and concentrates should be handled with the same respect and dispensed with the same care as drugs, declares J. M. Tees in his "Vitamins in the Pharmacy," published in a recent issue of the *American Professional Pharmacist*. "The more we discover about vitamins and vitamin therapy," concludes Mr. Tees, "the more we realize that

the field is but lightly touched and that little is actually known . . . No provision is being made to confine the potent and powerful preparations and concentrates to the prescription department. Such influential factors in the procedure of the human structure obviously should be retained for the exclusive use of the practicing and prescribing physician . . ."

LETTER-BULLETIN
ARMSTRONG COUNTY MEDICAL SOCIETY
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Armstrong County Medical Society
Stain Hotel,
Turkey

LETTER-BULLETIN
CENTER COUNTY MEDICAL SOCIETY
-000-

Charles H. Light, M.D.
Richards H. Hoffman, M.D.
Peter H. Hoffman, M.D.

Hall, President
Secretary-Treasurer
District Censor
Ritenour, M.D., Censor
Weissel, M.D., Reporter.

LETTER-BULLETIN
WYOMING COUNTY MEDICAL SOCIETY
-000-

The Wyoming County Medical Society will hold its first meeting of the new year, Wednesday, January 13, 1937, with luncheon at noon, in the Elm Tree Tea Shoppe, Tunkhannock, Pa.

The Woman's Auxiliary will have luncheon with us.
Dr. Frederick J. Bishop of Scranton, President-elect of the Medical Society of the State of Pennsylvania, will be the speaker.

Your county society dues for 1937--\$7.50--are now due and payable. Bring your checks to this meeting. Let us have Wyoming County 100% paid in by February 1st.

STATE SOCIETY MAIL PACKAGE LIBRARY

Our members are again reminded of the great educational possibilities connected with the mail package library service of our State Society. Write for a package of the latest reprints on any medical subject that interests you at the present time. Send 25¢ in stamps to The Librarian, 430 State Street, Harrisburg.

ANNUAL REGISTRATION OF PHYSICIANS

The law requires that all licensed physicians and all practitioners of the healing art in Pennsylvania shall register before January 1, 1937. The registration fee is \$1.00 for the year 1937, payable to the Department of Public Instruction, Harrisburg, Pa.

ARE YOU AWARE?

Are you aware that all physicians who prescribe or dispense narcotic drugs for or to drug addicts must "in every case having made a physical examination of the patient report in writing to the State Department of Health at Harrisburg the name and address of such patient, his diagnosis of the case, and the amount and nature of the drug prescribed or dispensed in the first treatment, and shall report in writing when the patient leaves his care the result of his said treatment. The physician shall also keep a record of all narcotics administered, dispensed or distributed."

Our members are reminded that a Pennsylvania law requires them to carry workmen's compensation insurance on one or more part-time or full-time employees, covering injury while on duty; also that the State Department of Labor and Industry requires them to post in "the workroom" a schedule of hours of work for employed females.

EDUCATE YOUR PATIENTS

If you can not find time to discuss with your patients just what will happen to the quality of sickness service in this state if compulsory health insurance legislation is adopted by the Pennsylvania legislature or the Federal Congress, the Public Relations Committee of our State Medical Society believes that you should at least distribute printed information on this important subject which may mean much more eventually to our uninformed neighbors than it would to physicians.

A communication enclosing \$1.00, addressed to the above committee, 8103 Jenkins Arcade, Pittsburgh, will result in 25 copies of an informative booklet entitled "On The Witness Stand" being forwarded to you. This information is arranged in the form of questions and answers and if 25 of the more intelligent patients of each of the 14 members of the Wyoming County Medical Society were to absorb this information and pass the booklet on to others, much might be accomplished toward having changes in the delivery of medical service to proceed gradually. We want medical practice to continue giving first consideration to humanity but we want it to continue in the American way. Why not forward your check for \$1.00 today?

Van C. Decker, President
Arthur B. Davenport, Secretary

January 6, 1937

LETTER-BULLETIN SERVICE AIDS RURAL SOCIETIES



Pennsylvania solves the problem of keeping backwoods doctors informed by sending mimeographed news sheets to county society members from state headquarters. Sample bulletins appear on the opposite page.

THE STATE OF PENNSYLVANIA embraces some 67 counties, sixty of which have medical societies. Membership varies from more than 2200 in the Philadelphia County Medical Society to but five in Juniata County.

Only about half the county societies publish local bulletins. The remainder have so few members that it is inexpedient for them to issue even a mimeographed sheet. The state journal goes to all county society members, of course; but its contents are usually six to eight weeks old by the time it is mailed.

How, then, can the members of a county society which has no publication of its own keep informed about up-to-the-minute medical developments in its own area? That was the question which confronted the state society four years ago and which has since been answered by the institution of a letter-bulletin service.

Today, officers of the smaller county societies rush news and other data to state society headquarters in Pittsburgh. There the material is assembled; organizational and economic news is added; and mimeographed letter-bulletins are dispatched to physicians on the mailing lists of the various rural county societies. The state association is well able to supervise the issu-

ance of these bulletins since it has adequate equipment and personnel for the purpose.

Matter in the letter-bulletins amplifies or antedates that which appears in the *Pennsylvania Medical Journal*. It includes news devoted exclusively to the particular society, subjects of interest to the profession as a whole, advance reports of important committees, and items of immediate economic import. The state secretary occasionally adds brief editorials.

Thus, physicians in sparsely settled districts are assured spot news and essential information almost as rapidly as members of the larger county societies. The letter-bulletins offer a good medium for publicity, advance notices of meetings, and other material whose value depends on its timeliness.

Results of the letter-bulletin service, especially in the past year, have been reflected by definite increases in attendance at county society meetings. Evident also is a closer bond between outlying groups and the parent organization.

AN IDEAL SENIOR-JUNIOR PARTNERSHIP



DR. COOLE

IN 1930 a benevolent medical school patted me gently on the head, stuck a diploma in my hand, and marched me out into the practice of medicine—and the depression.

Building an individual practice with no capital was out of the question. So I became associated with older doctors.

As time went on I found that this older-younger doctor association was more than a temporary makeshift. A close study of my own associations and those of others convinced me that this was a vitally important and much neglected phase of medical economics.

To the younger man these associations mean opportunity, inspiration, ready cash, and a chance to learn something about the art of

medicine. To the older man they mean an opportunity for greater income during his tapering-off years and, at the same time, a chance to renew old friendships, take vacations, and otherwise slow down without relinquishing his hold upon the practice he has striven so hard to build up.

As a younger man, I have watched the older physician with profound sympathy because I realize that his problem will ultimately be mine. To all of us there comes a day when we find our feet plodding down the shady side of the slope. The great enemy of the medical man (or friend, I know not which) has sent its warning thrill over our precordia.

In other words, we are faced with a crisis. We look back over the busy years that have somehow sped by with amazing swiftmess. We have made many lasting friendships. Patients have known the kindly touch of our hand for many years and have come to rely on our staunch judgment. Nothing can replace us in the routine of their daily existence—so we think.

We have watched the panorama of human emotions parade through our office for too many years to ignore the warning signs. We have officiated at the bedside of the dying too many times not to know the phenomena of death.

But we are not afraid.

As a matter of fact, we are likely to reach for a fresh stogie and, with a chuckle, dare Father Time to do his worst. We may even do as Dr. Subers of Macon, Georgia did and write our own obituary, "Been here and gone—had a good time."

On the other hand, many real and vital problems connected with our later life demand solution.

There is, for example, the problem of maintaining a respectable income. A survey of 4,565 physicians, reported in the June, 1936 issue of MEDICAL ECONOMICS, showed the surprising fact that the era of the medical man's greatest productivity, from a financial standpoint, lies between his tenth and twentieth years in practice. A drop of more than 22% occurs thereafter.

Another problem the physician faces is that of maintaining the uninterrupted continuity of his practice in order that his family can collect his open accounts after his demise. It is a well known fact that open accounts of deceased doctors are never collected unless there is a perpetuation of the practice. I do not know why—they simply are not.

A simple solution to these problems is retirement. If we have saved

up enough to do so, we may withdraw to some sunny mountain-side or sea-shore and spend our declining years in leisure. We may even travel or go into politics.

But retirement is not for many. Usually our practice has failed to yield economic security or we feel that our life and our aspirations depend on maintaining our hold on our practice until the very end.

How, then, can we meet the infirmities of advancing age, enjoy a well-earned leisure, perpetuate our practice, and at the same time retain interest in our life work?

There is but one answer—association with a younger man.

Soon after entering practice I learned that there are three types of associations between older and younger doctors: the assistant association, the office-sharing association, and the actual partnership. The first I found unsatisfactory to both me and my chief. The second type enabled my senior and me to work out the third—the actual partnership.

It is my purpose here to show the pitfalls in each of these associations and to indicate how a partnership between a young doctor and an elderly doctor can be set up to the mutual satisfaction of both.

[TURN THE PAGE]

BY WALTER ALTON COOLE, M. D.

How can the young doctor of limited means get a footing in medicine? How can the elderly doctor begin to slow down a bit and enjoy added leisure without having to relinquish his practice? For a valuable solution to this two-way problem, Dr. Coole receives the \$50 first prize in MEDICAL ECONOMICS' third annual Prize Article Contest.

THE ASSISTANT ASSOCIATION

—In this type, the younger doctor is merely an employee of the older—usually on a salary basis. He makes calls, administers anesthetics, assists at operations, fills out insurance blanks, and in general makes himself useful.

Not infrequently a younger man deliberately accepts an assistantship, knowing that he will pull out as soon as he has filched a paying clientele from his chief's practice.

Sometimes this type of association works well. But in my case it was short-lived, backfiring upon us both.

When I had lost my self-consciousness, and had become more familiar with the clientele, the term "assistant" became distasteful to me. Moreover, when the chief, for some reason, found it necessary to absent himself and place the whole responsibility on my shoulders, I found patients unwilling to be administered to by an assistant.

Not wishing to build up an "assistant" reputation, I withdrew from this association and entered upon the second type:

THE OFFICE-SHARING ASSOCIATION

—This set-up is the most common. It exists in many forms, and each form is fraught with troublesome problems. Obviously, not all types of medical practice can be grouped in one office unless it exists as a unified clinic. Specialists who depend upon referred work cannot afford to be associated with practitioners who are in active competition with those who refer work. In this discussion, however, we are concerned only with the older doctor in his relation to the younger.

Under this office-sharing arrangement I was taken into the office of the older doctor and given suitable space. I paid for my share of the office and had access to the equipment, phone, nurse, and laboratory.

At first the association was ideal. My meager practice did not encroach upon the older doctor's. There was a close union of ideas, unrestrained by contractual inhibitions. I brought with me fresh academic information; while at the same time I was able to pick up practical pointers on the art, the science, and the economic side of practice which had not been taught me in medical school.

An office-sharing association offers practically the only manner in which the older doctor can choose a younger partner without compromising him as an "assistant," and at the same time feel sure he is not taking on a liability, or one who, under the cloak of friendship, will steal his patients.

Every young man who enters medicine is an unknown quantity both to himself and to others. Will his interest in the profession continue? Does he possess the moral and emotional stability to withstand the temptations found in practice?

Two to five years on his own will tell the story. That is why I believe an office-sharing association is most valuable. It makes possible an observation or trial period. It gives the younger man an opportunity to prove his integrity and to demonstrate his ability to work in harmony with the older doctor's policies.

We found that there is a time limit to this kind of association,

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however. Gradually a tendency toward an amalgamation of our two practices began to manifest itself. The clientele of both our practices came to believe that ours was an actual partnership. The older doctor boosted me—he was bound to do so to justify my being in the same office—and I boosted him. There was a drift of patients from one practice to the other. Professional jealousy and unpleasant feelings were prevented only by the studied tact and sympathetic understanding that existed between us.

Obviously, one of two things was bound to occur: There would be a dissolution of the association; or a full-blown partnership would evolve. With that in mind, we set about constructing a partnership

contract. Which brings me to a consideration of the third and most important type of association:

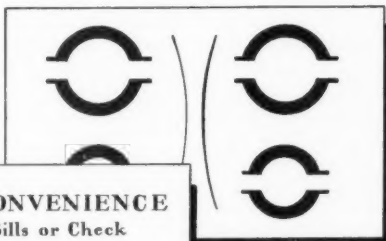
THE CONTRACT ASSOCIATION

—A union of this character must be based on the integrity of both parties. Such mutual understanding can be determined only after two to five years under one of the foregoing associations. There should be no half-way, half-hearted attempt at partnership. If it cannot exist on a mutually helpful basis, it should be dissolved in every instance!

Among other things the contract should embrace are a sliding scale of income apportionment, some means of protection for the older doctor against the possibility of the younger breaking away at an inopportune time and setting up as

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*The illustration
shows both sides of
Dr. Bailey's card.
Actual size: 3" x 5".*

TABLE 1

	<i>Senior Income</i>		<i>Junior Income</i>		<i>Trust Fund</i>	
1st year	75%	\$7,500	25%	\$2,500	10%	\$250
2nd year	70%	\$7,000	30%	\$3,000	10%	\$300
3rd year	65%	\$6,500	35%	\$3,500	10%	\$350
4th year	60%	\$6,000	40%	\$4,000	10%	\$400
5th year	55%	\$5,500	45%	\$4,500	10%	\$450

his competitor, perpetuation of the practice in order that the estate of the deceased doctor (usually the older) may collect outstanding open accounts, provision for the disposal of equipment of the deceased doctor, division of work, limitation of liability, and protection against malpractice.

This is what we accomplished in our contract. The clauses of the articles of co-partnership which follow later in this article are self-explanatory. Only one phase needs clarification and that pertains to protection of the older doctor from withdrawal by the younger with consequent loss of part of the senior man's practice.

It is customary for the senior partner to demand a legal contract wherein the junior partner agrees not to practice within a certain radius in case of dissolution of contract. But in some states such a contractual provision will not hold. In those states where it does hold, there are so many technical loop-holes, and the ultimate enforcement is so difficult that this type of protection is impracticable.

There can be only one compensation and that is a financial one.

The figures in the sample contract are, of course, subject to wide individual variation. They are based upon a \$10,000 net yearly income for purposes of presentation. A sliding scale is agreed upon which will insure an increasing income to the younger man. Theoretically there is a decreasing income to the older man. This is not as bad as it sounds, however, because the older man's income is on the 22% decline anyhow. Under the stimulus of a younger and fresher enthusiasm, as well as an increased output of work, the total income will tend to grow; hence, the older doctor's decrease is likely to be compensated in part at least.

As a guarantee that the younger man will not withdraw and set up practice nearby, 10% of his net income is set aside in a trust fund. Each year this fund grows and becomes a still stronger guarantee. Not only that, but the fund is available to the younger man with which to purchase his pro-

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portionate share of the equipment at the older man's demise (see Table 1 on page 52).

Thereafter the proportionate share will remain 55% for the senior partner and 45% for the junior partner over a period decided in each individual instance.

This table supposes the income to remain the same. Actually, there should be an increase which will help maintain the older doctor's income and increase more rapidly the younger doctor's, *dependent upon his own efforts.*

The trust fund increases yearly as his potential ability to take away the older man's practice grows. This fact makes him more and more reluctant to dissociate himself from the older doctor and thereby lose his growing nest egg. If he should break away, the older doctor has a definite financial remuneration for such loss of practice as he may suffer.

The remainder of the articles are self-explanatory:

ARTICLES OF CO-PARTNERSHIP*

This contract made and entered into on the _____ day of _____, 1937, by and between Dr. _____, hereinafter known as Senior Partner, and Dr. _____, hereinafter known as Junior Partner.

Witnesseth: Both of said parties

*Legal counsel who have set their stamp of approval on this contract have only one admonition to make. In some states there is no legal provision for a limited partnership, in which case it is necessary to incorporate the partnership.

have agreed, and by these presents do agree, to associate themselves for a period of _____ years from the date hereof as co-partners in the profession and practice of medicine and surgery, under the firm name of _____ and, during such period, to severally devote their entire time to the professional business of said firm to the best of their skill and ability and for the mutual advantages and benefits thereof.

First: The said co-partnership is to continue for the period specified herein from the date hereof and is to exist during that time. It may be terminated upon the expressed desire of either party in writing or notice within sixty days of the termination thereof.

Second: In case of death of either party this contract becomes wholly binding and the clauses herein incontestable.

Third: Senior Partner shall be vested with the administration of the office and practice, shall be in possession of and in control of the joint practice of both partners, and shall administer, direct, charge, audit, and collect fees therefor.

Fourth: All income from the joint practice shall be banked by the Senior Partner; and after all expenses of practice are paid, the net profit shall be shared as follows: first fiscal year Senior Partner 75%, Junior 25%; second fiscal year Senior Partner 70%, Junior Partner 30%; third fiscal year Senior Partner 65%, Junior Partner 35%; fourth fiscal year Senior Partner 60%, Junior Partner 40%; thereafter, the proportionate share of the net proceeds from the joint practice

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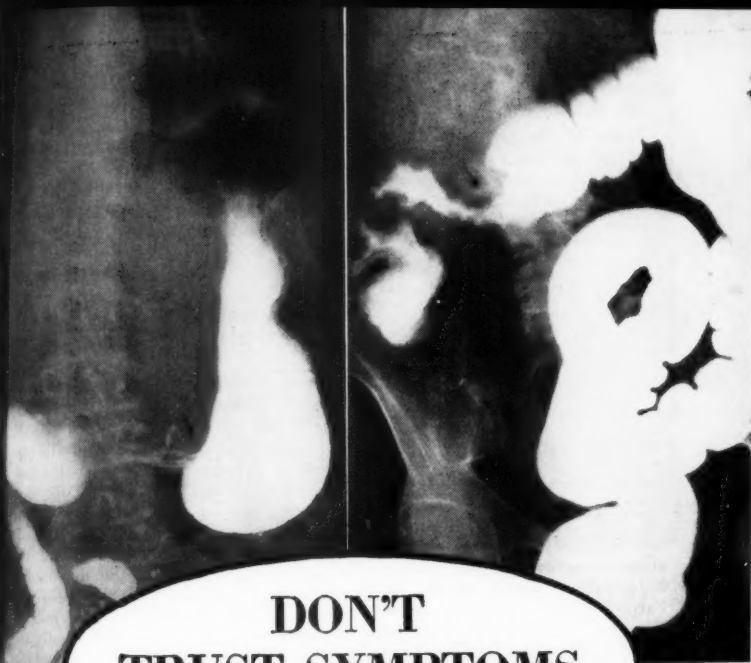
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IF there is any single medical situation where the burden of differential diagnosis lies most heavily upon radiography, it is in gastro-intestinal disturbances.

Physical symptoms cannot safely be trusted...are easily misinterpreted. A redundant colon, for example, may simulate appendicitis, cholecystitis, intestinal obstruction, or even cardiac disease... Clinical findings

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So many and varied are the causes of gastro-intestinal disturbance that x-ray examination is practically obligatory in proper management of the case. Whenever physical symptoms provoke the slightest question as to the possible cause, there should

be no delay in referring the patient to your radiologist for his diagnostic aid.

Radiographs
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shall be Senior Partner 55% and Junior Partner 45% until the dissolution of the co-partnership or upon the death of one partner.

Fifth: The Senior Partner shall deduct and place in a savings trust fund in the name of the joint co-partnership ten per cent (10%) of the Junior Partner's proportionate share of the net proceeds at the current rate of interest.

Sixth: This monthly deduction recited in the fifth article shall continue each fiscal year until the dissolution of the co-partnership or the death of one of the partners and same shall be banked in the prescribed manner.

Seventh: Upon the death of either party these accumulated funds shall become the property of the surviving partner. Upon the retirement or death of Senior Partner, or dissolution of this co-partnership at the time stated above, these accumulated funds shall become the property of the Junior Partner. Upon the termination of this contract before the time stated above, upon written petition of either or both parties, these accumulated funds shall become the property of the Senior Partner.

Eighth: Each partner is to devote his entire time and attention to the joint practice and to engage in no other business enterprise without the written consent of the other.

Ninth: It is expressly stipulated that the Junior Partner will help in all cases when needed, will perform those duties assigned to him by Senior Partner, will make night calls, will administer post-operative and post-

partum care, and will perform routine laboratory tests, all at the discretion of the Senior Partner.

Tenth: Either party shall assume the entire joint practice in the absence of the other partner on account of sickness, vacation, or other reasons.

Eleventh: The Senior Partner shall have one month's vacation a year and the Junior Partner two weeks vacation a year, both in addition to attendance at medical meetings. These vacations shall be at the discretion of the Senior Partner.

Twelfth: Neither partner is to become surety or bondsman for anyone without the written consent of the other.

Thirteenth: In case of death of either party, a list of outstanding accounts shall be submitted to the deceased partner's family, and the surviving partner shall be honor-bound and legally obligated to attempt to collect and return to the deceased's family the proportionate share of such outstanding accounts as determined by the fiscal year and the month in which the death of the deceased partner occurred.

Fourteenth: In case of death of either party, the proportionate share of the office equipment shall become the purchasable property of the surviving partner and the deceased's family shall be paid the full amount of the deceased's share thereof from the accumulated trust fund as recited in Article Five herein.

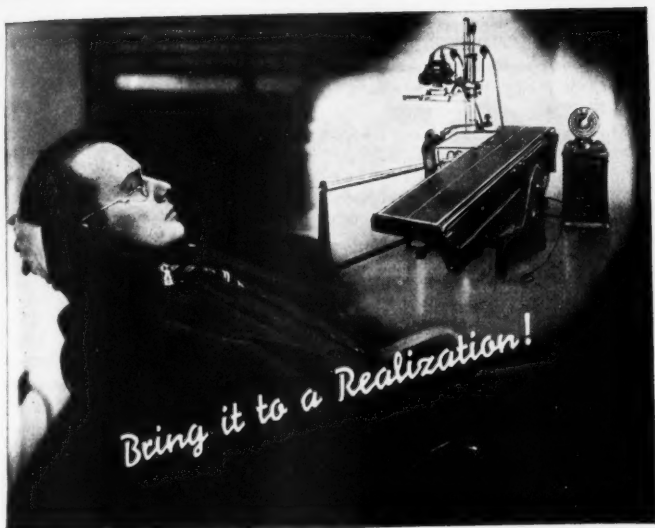
Fifteenth: It is expressly stipulated that each partner will be liable only for the acts, indebtedness, and liabilities of the other partner as occur

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in the actual pursuance of the joint practice of medicine, and that to his proportionate share in the partnership that exists at the time of the commission thereof.

Sixteenth: An insurance policy against malpractice in the sum of \$_____, issued in the name of the co-partnership, shall be maintained and paid for from the funds accruing from the joint practice; and this expense shall be considered a general office expense of the practice.

In Witness Whereof, the parties aforesaid have hereunto set their hands and affixed their seals on the day and year above written,

Senior Partner

Junior Partner

What results do we expect to obtain from such a contract?

My senior partner experiences a new freedom that he has not known since he began the practice of medicine. He is free to enjoy added leisure, to renew old friendships, to take vacations, and otherwise to slow down without relinquishing his hold on the practice he has worked so hard to erect.

As time goes on, more and more responsibility is vested in me as junior partner and the senior begins to assume the role of consult-

ant. At the same time, income from his practice continues or, under the stimulus of fresh energy, actually grows. From his point of view the partnership is ideal. It prevents his practice from dissipating into younger fields. He is assured an adequate income during his tapering-off years. And his family will be able to collect a respectable portion of his open accounts after his demise.

What does such a partnership offer me as junior partner? I have everything to gain and nothing to lose. Instead of experiencing the slow growth of a self-started private practice, I find myself plunged into the middle of a busy one during my most energetic years. Not only do I have the wise counsel of experience at my elbow to aid and encourage me, but I am able also to absorb first-hand those fundamental lessons of medical economics which otherwise would take me years of trial and error to learn.

Above all, patients enjoy an unbroken medical service attuned and adjusted to their needs.

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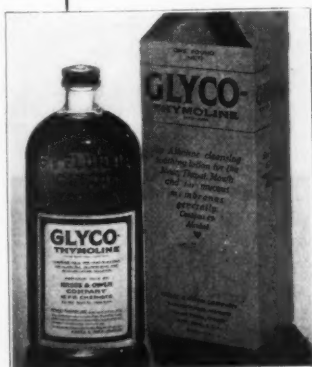
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Lachrymal Canal. B-D Lachrymal Cannulae No. LLN 23G 1", also No. LLT curved, reinforced, 23G $\frac{3}{8}$ ", and No. LLT straight, reinforced, 23G $\frac{1}{2}$ ". All have gold cannulae and round, smooth tip. B-D Lachrymal Needle No. 43LC, $\frac{3}{4}$ ", sterling silver, flexible, blunt and bulbous tip. B-D Yale Syringe No. 1Y, $1\frac{1}{2}$ cc. and B-D Asepto Syringe No. 2034, capacity $\frac{1}{8}$ oz.

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Eye Pipette. B-D Asepto Syringes No. 2021, $1/16$ oz. and No. 2031, $\frac{1}{8}$ oz.

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Irrigation. B-D Mason Asepto Syringe No. 2056, $\frac{1}{2}$ oz. and No. 2066, 1 oz., B-D Asepto Syringe No. 2062, 1 oz. and No. 2072, $\frac{1}{2}$ oz., both with rubber tip. For those who prefer the piston type, B-D Empire Syringe No. 478, capacities from 1 to 8 ozs., with metal ear tips.

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Tonsillectomy Syringes include B-D Luer-Lok and B-D Sana-Lok Control, 3 cc. and 5 cc.; the B-D Fogarty Syringe No. 3LLT, 3 cc.; the B-D Street Syringe No. 348, capacity 30 minims; the B-D Asepto Tonsil Suction Syringes, Nos. 2078 and 2079.

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THE POI POUNDER—One can still see, in remote little villages, the natives pounding their poi in the way that their ancestors did. The taro root, from which poi is made, must first be cooked and then pounded to a sticky dough-like mass to make the poi of the desired consistency. This is done with a heavy stone pestle on a short plank of hollowed out wood. It is hard work but the Hawaiian makes light of it with the rhythm of his strokes.

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P ROPHETS WITHOUT HONOR

Should a physician return to his home town to practice? That was the question answered in the December issue by the Iowa doctor who wrote, "Go Home, Young Man!" A number of readers have talked back. Some favor home-town practice; others deplore it. Listen in to what they have to say.

REUBEN NYSWANDER, M. D., Grand Rapids, Ohio: By all means, practice in your home town. I have practiced successfully in mine for eighteen years.

Having my old neighbors call me by my given name and talk over their troubles and successes with me takes some of the drudgery out of medicine. I enjoy having them come to me for treatment, and I appreciate their confidence and friendship.

HARRY T. BAXTER, M. D., Astoria, Illinois: At the age of 22, I returned to my home town and hung out my sign. From the beginning, the boys and girls with whom I had grown up were not among my list of patients. This was true even of their parents. The people with whom I had been most intimately acquainted were the last to come to me as a physician; and when they did come, they were always the first to dismiss me when things did not go the way we all wanted them to. Patients on the outer edge of my territory were much more confident of my ability.

It wasn't long before I lost the much coveted title of "Doctor."

Today I am known far and near as just plain "Harry." Other physicians remind me of this and say that they would never stand for it; but, unfortunately, it fails to bother me.

Financially and otherwise I am rated as a successful practitioner. But if I had my life to live over I would not practice in my home town.

HARRY J. NEWELL, M. D., Alexandria, Nebraska: In 1903 I returned to my home town to practice medicine, and I have never regretted it. My competition has been keen and able; and I have found that to buck this in one's home town either brings out the stuff that is in a fellow or busts him a-plenty.

All the joys and sorrows that have come to me along the journey so far have been experienced here in the old home town. I have lived to bring babies into the world whose fathers and mothers before them were first spanked by me.

To live among relatives and old neighbors and watch by their side while they slip out over the western prairie and leave us alone, pulls mightily at the heartstrings.

But there is satisfaction in spending one's life among childhood companions and in "keeping life at its longest and best" as God has shown us.

Therefore, I say, go home to practice.

GENERAL PRACTITIONER, Waterloo, South Carolina: No young physician should ever locate in his home town. To most people he will be just one of the neighborhood boys; and from many he will get nothing but "Willie" or "Charlie"—never really being looked upon as a doctor.

When you are seeking a location, select one in which you will be an absolute stranger, as far away as possible from schoolmates, kinfolk, and home-town associates.

I have seen many failures in medicine caused by failure to heed this very advice.

JAMES A. DUNGAN, M. D., Greeley, Colorado: The biblical saying that "a prophet is not without honor, save in his own country," should not deter a medical man from locating in his own home town. Even the fact that he is known to have "felt his oats" as a youngster—and perhaps sowed some of them within the memory of the generation living in town—becomes secondary when he assumes the role of medical counselor.

True, a majority of long-tongued scandal-mongers can often be counted on to recall his boyhood

escapades without the aid of a published biography. Yet if he's the right kind, the majority will soon forget his harum-scarum days and accord him every ounce of credit to which he is entitled.

Despite our boasted democratic viewpoint, there is still an element of caste not very far under the epidermis. One's worthiness to practice in his own town is often predicated on his family and breeding. Much will be forgiven a man if he is looked upon as of good extraction; whereas he will find the road a long, uphill one if his family, by any chance, have been permitted only third gallery seats among the community audience.

A swelled head at home is worse, too, than in any other place. I had the usual amount of egotism when I graduated forty years ago and found myself walking down our main street. Before I had gone far, I spied old Professor B—. It had been his painful duty during my academic years to drill mathematics into my reluctant skull; nevertheless, his greeting was still pleasant.

"What are you going to do, Arthur," he queried, "now that you have graduated in medicine?"

I replied blithely, holding my pride in my hands: "Why, old Doctor M—, of Des Moines, has offered to take me on as an assistant."

"Well," the professor observed, with a pert, bird-like look in his

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I am the substitute pair of conventional type surgical scissors in the supply closet. I cost exactly as much as the pair I must replace when it becomes dull and must be sent away for sharpening. Too, I may lose my sharp edges at a critical moment and have to be replaced by still another substitute pair that costs as much as I did. Three of us represent a substantial investment.

Regrinding affects my temper, too. My edges never regain the same uniform keenness they possessed when I was new. Costs money to keep me as sharp as limited grinding facilities permit . . . and constant re-sharpening eventually relegates me to the point of unserviceability and I have to be permanently replaced.

BARD-PARKER *Renewable Edge* **SCISSORS**

reduce surgical scissors maintenance to a minimum. The perpetual sharpness of a single pair of B-P Renewable Edge scissors can readily be maintained by the instant replacement of dulled edges with new keen ones . . . at half the normal cost of regrinding. No substitute stock necessary. None of the attendant inconveniences of regrinding . . . and a real economy to the purchaser.

Ask your dealer

Available in straight operating, straight and offset dissecting patterns. Scissor edges, all sizes (3 pr. to pkg.) per pkg. . . . 50¢

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MEDICAL ECONOMICS • MARCH • 65

eyes, "that's fine. It will be wonderful for you to get in with somebody who is really competent to practice medicine!"

That was one instance where deflation worked out to the benefit of all concerned—particularly myself.

In his own town the young candidate for popular favor should not only have already singled out the right girl, but he should also hasten foreclosure on the object of his desires. Any other course is apt to set tongues wagging and uncover a lot of crawling objects spawned by the lively imaginations of vituperative old women.

GENERAL PRACTITIONER, Beverly, Washington: If you practice in your home town, the friends and acquaintances of your youth will be a little dilatory at first about paying their bills. They pay a strange doctor quicker; but that is done only for a year or two to establish credit. Later, the reverse is true. When a bill gets old they feel a deeper obligation to pay "Joe Davidson's boy" than the stranger in their midst. Furthermore, the out-and-out deadbeat will likely stay away from you altogether, as he feels that you know all about him.

There are other ways, too, in which you will have a decided advantage over the stranger. Local established business men will respond more quickly and more

graciously when you ask about the credit rating of a fellow townsman. You will get a better office location for less rent (people will say, "He's one of our own folks, and is going to stay"). And if you need credit for new equipment or merely because times are hard, you, as a "local boy" will be treated better.

GENERAL PRACTITIONER, Greenville, Tennessee: The size of the town must always be considered. In a village of only a few hundred people, where there is need for a physician, any man will be able to pick up a practice promptly. In a city, on the other hand, the stranger has an equal chance with the home-town boy. Medium-sized towns from 5,000 to 20,000 population probably offer the home-town doctor a quicker start.

There are, of course, many points in favor of going to a new place to practice—a place where one is not already known. I have done so with good results.

There is no necessity for me where I now practice to combat over-familiarity. The value which patients place on my services is enhanced rather than diminished. No one calls me by my first name.

Another advantage is that discussion of finances is made simpler. In one's home town it often creates an awkward situation when payment of fees is mentioned; whereas in my present situation I

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YOU WOULDN'T HAVE THEM
THE SAME PRICE EITHER**



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WEIGHT, FINE TEXTURE ABSORBENT
COTTON *without the inconvenience of*
*an oversize package—AND EXTRA AIR***

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For maximum protection inside the carton, the inter-leaving paper is folded over the edges of the cotton. Bay's Absorbent Cotton is available in all standard forms for professional use. When you specify Bay's Blue Seal Cotton, you get the finest cotton that can be produced, in a snug-fit carton that delivers full weight and minimum bulk.



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THE BAY COMPANY, Bridgeport, Conn.

ME 3

Gentlemen: Please send me a sample of Bay's Blue Seal Absorbent Cotton.

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can make an effort to collect without hurting anyone's feelings.

In one's home town if the previous physician has always maintained a low fee schedule, "the boy who came home" has a much harder time establishing a just scale of charges than an outsider would. These factors become relatively less important, of course, as the size of the town increases.

INDUSTRIAL MEDICINE'S FIRST CONFERENCE

CONFERENCES on industrial medicine and surgery . . . have been conducted successfully of late years by insurance companies in various parts of the country. These have been excellent meetings, well staged and amply provided with distinguished names.

The very success of these meetings is a hint to organized medicine that here may be an apparently unsuspected threat to the integrity of medical practice in America. When medical education, undergraduate or postgraduate, gets out of control of the medical profession, then, certainly, one may look for all the dreaded sequelae of lay control—standardization, regimentation, deterioration!

It is, in part, with these ultimate possibilities in view that the

Minnesota State Medical Association has scheduled one whole day for a Northwest Industrial Medical Conference as a climax to its 84th annual meeting to be held May 3, 4, and 5 in the Municipal Auditorium, St. Paul.

There is no doubt today of the importance of industrial medicine and surgery. The question is—under whose auspices shall postgraduate education in this important phase of practice be held? In Minnesota a precedent has been established for the proper sponsorship and control of such education.

The Northwest Conference will open Tuesday night, May 4, with an Industrial Dinner . . . The meeting will be continued throughout Wednesday . . . Among the out-of-state speakers will be Dr. J. M. Wheeler, New York City; Dr. Michael L. Mason, Chicago; and Dr. Maxwell J. Lick, Erie, Pennsylvania . . .

Advance indications are that physicians from all sections of the Northwest will take advantage of the opportunity to attend the conference . . .

Thus, medicine must move forward to meet the problems of these changing times. In the last analysis, it lies with organized medicine itself whether medicine will dominate or be dominated by new social forces.—E. A. MEYERDING, M. D., Secretary, Minnesota State Medical Association.

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Leading authorities are recommending the simultaneous administration of iron and the Vitamin B complex in order to insure effective restoration of the hemoglobin and the red blood cells to normal limits and a prompt amelioration of the subjective symptoms.

Vitron, combining ferrous sulphate, Vitamin B₁ and Vitamin B₂ (G), is recommended as an excellent means of administering both iron and Vitamin B complex in one effective preparation.

Vitron is supplied in both liquid and tablet form.

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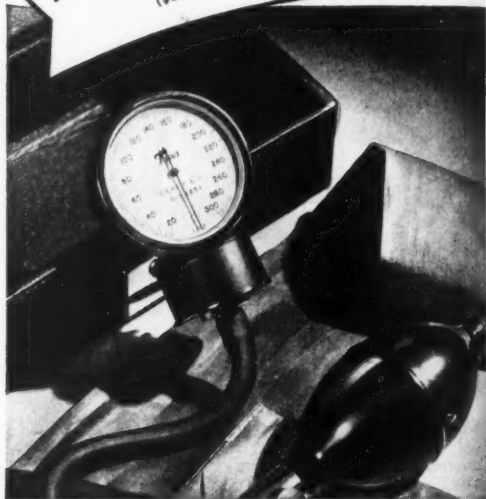


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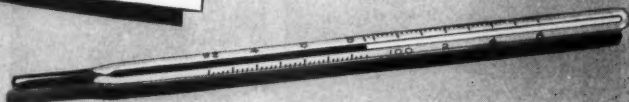
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THE TAYLOR INSTANTA is a fever thermometer with a staggered scale—black on one side of the mercury column up to 98.6° F., and red on the other side above the average normal temperature. It shows variations from normal instantly. The Taylor Instanta is made with the same care that for years has been producing the Taylor-Tycos Clinical, a standard among doctors and nurses. Oral and rectal types. Black bakelite cases.



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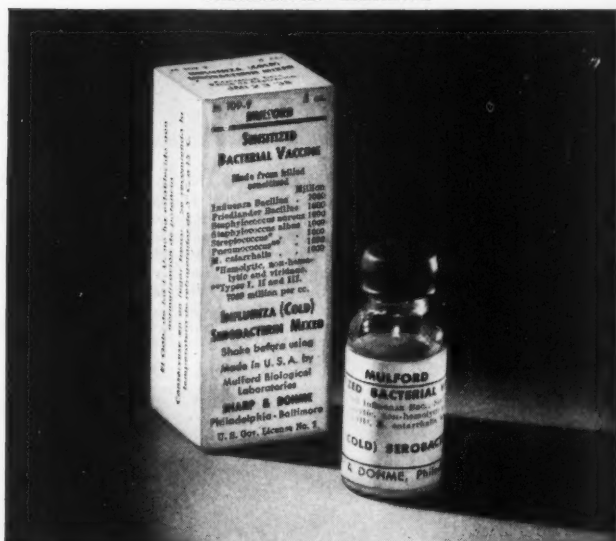
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THE TRUTH ABOUT GROUP INSURANCE

MEDICAL SOCIETIES in unwonted numbers are contemplating, acquiring, and renewing contracts for group accident and health insurance. Doubtless, enthusiasm for such coverage burgeons for these three reasons:

1. The myriad contract forms available to the individual, together with their surprising gamut of premiums, is confusing even to an insurance broker. Little wonder then that physicians are inclined toward the idea of having their medical societies assume the responsibility of selecting accident and health coverage for them.

2. The plausible but fallacious theory is spreading that the purchase of accident and sickness insurance on a group basis results either in a lower cost per individual for a given coverage or in more liberal insurance per dollar of premium.

3. The fact that a society committee selects the company and the policy seems to guarantee that the placing of the insurance will be untinged by prejudice and commercialism.

To topple group insurance from the pedestal on which it now appears to be comfortably ensconced, it is necessary only to unveil it.

In broad terms, group accident and health insurance may be de-

fined as any contract offered to a duly organized group with uniform benefits and rates for all beneficiaries within agreed age limits. State laws governing this class of insurance vary; but generally a minimum of 50% or 75% of all members of a society seeking coverage must agree to buy the insurance before the group contract can be issued.

For its part, the issuing company must accept all applicants—impaired or in good health. The contract can not be cancelled during the year for which it is written. However, the company may refuse to renew at the end of any year, provided it gives notice a specified number of days in advance. Then, too, if at the renewal date the required percentage of the society's membership does not agree to continue the insurance, the company need not renew its contract.

The bald truth about group ac-

BY W. CLIFFORD KLENK

☆ *Group health and accident policies do not afford the 18-carat protection sometimes claimed; they are a tawdry substitute for individually purchased insurance, Mr. Klenk reveals.*

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cident and health insurance is that its drawbacks, when fully understood, outweigh its vaunted advantages. It is no panacea for the plague of worthless policies owned by and offered to physicians. Nor is it the answer for those medical men who happen to be prejudiced against one-man accident and health insurance because their investigation (usually superficial) has convinced them that a worthwhile policy costs too much. Consequently, medical societies that are considering health and accident insurance on a group basis may well think twice before committing themselves.

I realize that I have made statements as sweeping as they are startling. Nevertheless, the facts presented in the following paragraphs justify my contentions.

Careful appraisal of group insurance contracts brought to my attention from many parts of the country has revealed that they have but two virtues worth considering: (1) They make accident and health protection available to the aged, to the physically impaired, and to those whose reputation as perennial claimants prevents them from obtaining individual policies. (2) They may be purchased at "bargain" prices (therein lies their most potent appeal to people who neglect to read their policies carefully).

A fundamental defect in this type of insurance is its apparent assumption that all members of the insured group have the same needs. Actually, the medical practitioner under forty has much less need of sickness insurance than his older colleague. Barring a bad appendix or an occasional siege of influenza,

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peristalsis. Many physicians have found it to be the only preparation simple enough, agreeable enough and effective enough for long term iron feeding. Ovoferin contains no flavoring or sugar; it is economical to use and an excellent vehicle. Samples gratis to physicians.

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MEDICAL ECONOMICS • MARCH • 75

his sickness record has been a blank. Actuarial figures prove that. After forty the story changes. He can no longer afford to gamble with his chances of suffering catastrophic ill health. For the privilege of "bargain" group rates, then, young men in good health must pay for the inevitable illnesses of their older colleagues.

Those who carry life insurance in companies that do not grant double indemnity in the event of accidental death may desire to offset that lack by securing a sizable amount of such indemnity through accident insurance. But group insurance won't help them. The indemnities it provides are too small.

The medical man who desires a large disability income—say, \$200 a week—cannot secure it through group coverage. Generally, \$50 a week is the highest income benefit obtainable.



Recall that the insurance people cannot select and reject applicants for group accident and health contracts. They know that out of 100 men insured on a group basis a certain percentage are bound to be subnormal risks and inevitable claimants. The claim experience is bound to be worse than among a similar number of individually insured risks.

Thus, a nice actuarial question is posed:

How can these added losses be

met out of premiums scaled lower than those for one-man coverage?

The answer: drastically limited policy provisions.

No group accident and sickness contract is as liberal as an individually purchased standard policy. Any company asked to issue the liberal form of contract on a group insurance basis would have to refuse. Behind its polite but firm "no" would lie this candid reasoning: "In order to issue group insurance at low cost, we must limit its benefits since there are so many subnormal risks to be covered."

Another bait dangled before prospects for group insurance is its so-called "non-cancellable" feature—a rank misnomer. As already stated, such insurance is non-cancellable only during the year for which it is written. Policies can be bought individually on exactly the same "non-cancellable" basis if the proper company is selected.

All in all, a group insurance contract offers no more guarantee of renewal than does the average individual policy. If ten men out of 200 group-insureds make claims sufficient in number and amount to result in a net loss to the company, the latter is within its contractual right not to renew. As a result, 190 men are deprived of what they thought was the best albeit the cheapest accident and sickness insurance because a few

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This new addition to the Gerber family will be welcomed by doctors who have sought a well strained digestible combination of those nutritious fruits. The combining of full ripe (not dried) apricots from the Santa Clara Valley of California with Michigan Grimes Golden Apples affords a flavor factor that makes this product desirable for adult diets, as well as for infant feeding.

Laboratory analyses of samples

taken from the current pack, indicate that this combination is an excellent source of Vitamin A, a good source of Vitamin B, C and G, in addition to supplying some calcium, phosphorus and iron. Gerber scientific methods of straining and cooking in absence of air, with evaporation of excess moisture, are employed to make possible this conservation of beneficial properties. A sample will be sent on request.

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When the doctor stops everything stops for him, *except expenses*. Office rent, overhead, household expenses continue. And savings suffer, but,—

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Monarch Noncancellable Income Protection will do this for you:

PAY YOU a stated income during disability.

PAY FOR YOU certain of the added costs of accident or illness.

PAY YOU OR YOUR FAMILY substantial sums for dismemberment, loss of sight or accidental death.

AND GUARANTEE that this protection will remain in force during the normal span of your working years.

For particulars regarding our special contracts for professional men write to Home Office. Please give your age.



**MONARCH
LIFE INSURANCE CO.**
Springfield, Massachusetts
**Accident and Health—
Life Insurance**

bad apples got into the barrel. This could not happen if each insurable member of the group had an individual policy. The chronic claimant might be dropped. The impaired risk would never have been taken. But the rest of the 200 would still have protection.

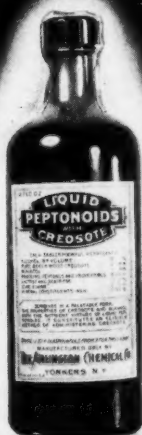
One of the most unfortunate consequences of group insurance buying is that many a physician in lead to give up a liberal policy which, in all likelihood, can no longer be purchased. With rare exceptions, the older accident and health insurance policies carry more liberal provisions than those currently available.

A typical group contract provides the following: a monthly indemnity of \$100 for disability due to injury or illness (paid for two years in case of injury, for fifty weeks in case of sickness), a lump-sum settlement of \$500 in the event of accidental death, \$1,000 in the event of death while riding in a pleasure car, \$2,500 for a bilateral amputation, \$2,500 for death resulting from septicemia. Accident or sickness benefits are payable from the fifteenth day of disability. The annual premium for persons under fifty is \$28.50.

A typical individual policy provides \$100 a month for disability due to injury or illness (paid for life in case of injury, for two years in case of sickness), a lump-sum settlement of \$500 in the event of accidental death (not doubled if killed while riding in a pleasure car), \$5,000 for a bilateral amputation, \$500 for death from septicemia. Sickness and accident benefits are payable from the fifteenth day of disability. The annual premium for persons under fifty years

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LIQUID PEPTONOIDS WITH CREOSOTE is indicated as an effective therapeutic aid in the treatment of colds, bronchitis, influenza and other respiratory infections.

It supplies immediately available nutriment, promotes expectoration, and reduces irritation of the respiratory passages.

It is so blended as to mask the taste of the creosote, thus permitting continued creosote medication.

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Cane sugar	2.5%
Mineral constituents (ash)	0.95%
Alcohol (by volume)	12.0%

THE
Arlington
CHEMICAL COMPANY
Yonkers, N. Y.

of age is \$37.

These differences are immediately apparent: The individual policy requires an annual premium which is \$8.50 higher (*little more than 2c a day*). But it pays accident benefits for *life* as against *two years* under the group contract, sickness benefit for *two years* as against *fifty weeks* under the group plan.

Of course, the group contract has a few frills that are lacking in a one-man accident policy. Their value? Well, they make talking points for the salesman. As far as the insured is concerned, vital statistics reveal that death from septicemia is not as widespread as is sometimes claimed; the National Safety Council reports that 60% of all automobile accidents are sustained by pedestrians.

That unravels two of the most engaging frills. The rest are equally superficial.

[MEDICAL ECONOMICS will gladly answer queries relative to the insurance problems of physicians, provided they do not demand extended research and can be answered in a short letter. Address: Readers' Service Department, MEDICAL ECONOMICS, Rutherford, N. J.]

DOWN TO EARTH

BY *Eleazar Hornbostel, M.D.*

DO YOU REMEMBER YOUR Greek? Then March probably recalls to your mind Aristophanes' famous lines from *The Frogs*:

"Brek-ek-ek-ekx-coax-coax.

"Here come the boys for your Income Tax."

You have probably thought right along that this was merely a college yell. If so, it will pay you to read up on your classics; or you may find yourself in a brush with J. Edgar Hoover.

You can't win, Doctor, and our sincere advice is to file a return and get your name in the papers. The lists for 1936 contained very few doctors' names—which is a disgrace to the accepted American philosophy of success. It is also a potent argument in the mouths of the advocates of State Medicine who guarantee you an income, security, publicity, a house and garden, a pretty secretary, and no questions asked.

How to file an income-tax return?

To do this you must secure a file

NO WIRING - NO DRYING VIM Needles Always Ready to Use

You do not have to wire or dry VIM Square Hub Needles after cleansing, and they are always ready to use. You get freedom from clogging, rust and corrosion, too.

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a return, and a taxable income—all procurable in your neighborhood. Should you experience any difficulty, a representative of the Treasury Department will be glad to help you.

If you have an engineer's handbook, a slide rule, scrap paper, erasers, tables of logarithms, a copy of Hadley's *Economics*, the reports of your state tax commission, an abacus, and a good memory, they won't do you a particle of good unless you can add and subtract to the satisfaction of the auditors.

Always keep your books on a cash basis, and file your returns in the same way. In this manner you will never have any bad debts or poker losses which look out of place on a return.

And, above all, Doctor, do not borrow money! It puts you squarely in competition with the government. And after all, it is the government, isn't it, which says whether you shall be fined and go to jail or not? Besides, you have to return borrowed money, which is sometimes very embarrassing.

"Just stick to cash and let the credit go; nor heed the grumblings of the district bums," as Omar sagely advises.

Do not forget that we are governed by mystics. If you have imbecile children or relatives under eighteen years of age wholly dependent upon you, Doctor, deduct \$400 apiece, whether you consider them worth that much or not. But—if they are 18 or over, or have voted, or hold W. P. A. jobs, they are not worth a Continental in the opinion of the Treasury; and you must, therefore, contribute \$400 apiece for them for the rest of your life in order that "government of the people, by the people, and for the people shall not perish from the earth."

GUIDING LIGHTS

KEEPING TRACK of the comings and goings of seven staff physicians used to be a first-class blight on routine at the Winona Clinic. One telephone operator couldn't handle the job properly. She had too many other duties to perform. Furthermore, doctors did not take the time to report their arrivals and departures. Consequently, the telephone girl had to keep ringing for them—to the annoyance of other staff

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The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

1. Peptic digestion may be hindered or prevented.
2. Intensive alkaline treatment may lead to alkalosis.
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Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid *excess* chiefly by colloidal adsorption—a physical, not a chemical, process.

Offers these advantages:

1. No interference with digestion—Alucol takes up *excess* acid, leaving sufficiency for continuance of peptic digestion.
2. Alucol does not lead to alkalosis.
3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

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(Colloidal Hydroxide of Aluminum)
Supplied in Tablet and Powder Form

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Please send me without obligation, a container of ALUCOL for clinical test, with literature. Check which required:

☐ Tablets or ☐ Powder

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Perfect DIAPHRAGMS

Steam-cured, transparent, smooth finish diaphragms, produced under an improved process resulting in the very finest product of its kind.

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QUINSEPTIKONS (vaginal suppositories)
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TABLAX COMPANY

Pharma-Clinical Laboratories
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men and patients who tired of the telephone's incessant jangling.

Recently, the trouble has been overcome. One of the clinic's physicians has devised an "in and out" board. Measuring 8" x 20", it is placed near the operator on the wall of the central passageway through which all physicians must pass. It accommodates eight signal lights, each one a different color to identify the seven staff doctors and the clinic manager. Bulbs were purchased at the dime store and are of small, flashlight size.

When anyone on the staff leaves the building, he snaps off his light. When he returns, he snaps it on again. No names are printed on the signal board because patients might catch on and not wait for the absent physician.—KATHRYN H. FULLER, Winona, Minnesota.

Get Your Free Copy of "The Diary of a Physician's Wife"

A book you and your wife will read and re-read . . . the intimate story of a young couple's first year in medical practice . . . it's human, poignant . . . written from actual experience.

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Ideas Editor, MEDICAL ECONOMICS, Rutherford, New Jersey



In the DARK At night, it is said, all cats are gray. To the physician unfamiliar with the situation all mineral oil emulsions look alike. But let the spotlight of searching observation shine on Agarol, and it stands alone.

No other mineral oil emulsion excels Agarol in efficacy. No other product approaches it in palatability and freedom from oiliness. The painstaking effort and care that go into making Agarol—the ingredients of exceptional quality that enter into its composition, stamp it, indeed, a unique product.



AGAROL is available in 6, 10 and 16 ounce bottles. The average adult dose is one tablespoonful.

To the physician who has tried mineral oil emulsions in the treatment of constipation—who has experienced the disappointments of uncertain quality—who is now ready to try the sound logic and common sense of the principle that has brought distinction to Agarol—we extend this cordial invitation: "TRY AGAROL."

• Write on your letterhead for descriptive literature and a liberal trial supply of Agarol. You will find it a short cut to a satisfying experience.

WILLIAM R. WARNER & COMPANY, INC.
113 West 18th Street, New York City

CASH ON DELIVERY

BY L. C. NORTHRUP, M. D.

ACUTE APPENDICITIS may develop suddenly in the night and at a time when family finances are at low ebb. It is obviously the duty of the physician, in a case of this kind, to act quickly, rendering the necessary service without thought of the fee.

The birth of a child, however, is a different matter. The family has known for at least eight months that a doctor will be needed. Eight months is generally ample time for it to meet the obligation involved. If not prepared to pay in full by the end of the first nine months, the family is usually neither able nor willing to pay for another nine months, if at all. Should the baby be delivered before the fee is paid, the physician has actually extended credit; for the bill is already eight months old.

Mulling over these facts some time ago, I evolved a plan that is fair in every way, both to the patient and to the doctor. It is based entirely upon the fact that the family is forewarned of an expense to be met.

On the first visit of an expectant mother, I get a history and make sure, if possible, that she is actually pregnant. This is followed by a discussion of the importance of medical attention throughout the

entire nine months. I then outline just what service she will receive and tell her what the total fee will be.

Each of my obstetrical patients is given a booklet of general instructions. On the back page of the booklet, so she won't forget or misunderstand my terms, is this notice about "Financing":

"My fee is based on the amount of service you will receive. It has been scaled as low as possible. For this reason, I expect it to be paid in full.

"If the entire bill is settled within three days after the first visit, a discount of \$10 may be deducted. If not, then \$10 must be paid at the time of the first visit, and at least \$10 a month thereafter.

"I have an understanding with each patient that her account will be paid in full before the baby is delivered, unless special arrangements have been made for more time. This makes it a good deal easier for the family in the long run.

"Once a month you will receive a statement showing the amount you owe, what you have paid, and the balance outstanding. If for any reason all the service paid for is not rendered, you will receive a rebate."

The patient is now charged on

the books with the entire fee. Enclosed with her monthly statements is a blue, printed slip, bearing this reminder:

"Fees for obstetrical service are computed on a cash basis. This statement shows the balance due on your account. It must be paid in full before the baby is delivered."

About three weeks before the

but I am sure that I have not lost a fee.

I have found without exception that the only patients who object to the plan are those who have a bad reputation for paying their bills. The patient who intends to pay never quibbles; in fact, she usually welcomes the opportunity of spreading the amount over a period of months.



due date, if the account is not paid, I send a registered letter with a return receipt requested. It informs the patient that she will receive no more service until the account is settled. As soon as this letter is delivered, payment follows promptly if the patient's intentions are honest. If not, a change of doctors may be expected. I have lost several patients at this point by such a change,

Several have said they would not pay each month because they intended to borrow the money and pay in full on delivery of the baby. The answer to this is, borrow the money now and take the \$10 discount. If unable to borrow now, the chances are that the same inability will prevail later.

One of my former patients who received the registered letter described promptly changed doctors.

The second doctor, after calling up to ask my reasons for refusing the case specified an arrangement similar to mine for payment of the fee. The patient changed physicians again; the baby is three years old; and the man who finally took the case has not been paid yet.

After following for several years the system outlined here and collecting 100% of my obstetrical fees by means of it, I have reached these conclusions:

There is no moral obligation to extend credit to obstetrical patients. Good-pay patients are never offended, and they usually take advantage of the discount. Only those who do not intend to pay object to the principle of cash on delivery.

MEDICAL BRISBANES

HARD-BOILED, BLUE-SWEARING editors have found that health columns increase the circulation of their papers. Hence, an intensely American journalistic phenomenon has taken place. Syndicated columns, spilling over with human interest and yielding from \$50 to \$150 weekly to their authors, have replaced the old-fashioned family medicine book.

In some instances, physicians themselves have been superseded by one of a limited number of misguided newspaper health departments. However, in all fairness, it should be pointed out that most health columns do not compete in any way with private practitioners. On the contrary, they endeavor to send as many potential patients as possible to the doctor's office.

Of 32 health columns listed in a recently-compiled syndicate directory, 24 were described as being written by physicians; four, by registered nurses; and four, by authors whose qualifications were not mentioned. Among the well-known pilots of current health columns are Drs. Logan Clendening; Iago Galdston, director of the bureau of information of the New York Academy of Medicine; Royal S. Copeland, perennial U. S. Senator from New York; and Morris Fishbein, editor of the *Journal A.M.A.*

Some medical columnists depend upon questions and answers to round out their daily stints. Others pen brief articles discussing medical theories (old and new), books, and scientific advances. There are those who devote their space to timely discussion of various seasonal first-aid treatments.

A number of booklets covering



A SOOTHING AND HEALING PROPHYLACTIC

IN POWDER FORM. DOES NOT DETERIORATE. QUICKLY soluble. Used in the treatment of all mucous surfaces. Excellent for nose, throat, mouth and skin irritations. Contains no poisonous nor corrosive ingredients. Especially valuable to the gynecologist. Described by physicians as "the cleanest, most acceptable preparation in its field". For samples sufficient to make 6 qts. MU-COL solution, return coupon with card or letterhead.

— THE MU-COL COMPANY, Dept. ME-37, BUFFALO, N. Y. —

Please send sample of MU-COL. Name M.D. Address

A Doctor Writes A CHARACTER REFERENCE

The ALKALOL COMPANY, Taunton, Mass.
I have used the sample of ALKALOL as checked
in the chart below. Request a more liberal sample for
personal use.

Dr. [Redacted]
Address [Redacted]

Among the many uses of ALKALOL

Ears	Cleansing, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
Nose	Widely used as douche or spray in coryza, rhinitis, hay-fever, or any nasal affection.
Throat	Immediate relief, soreness, "tickling," coughing.
Mouth Teeth	Debita endorse it.
Burns, Bites Bruises Fevered Brow Hemorrhoids Varicose Ulcers	Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
Bladder	For irrigation—soothing, pus and mucus solvent.
Diabetic Lesions	Relieves irritation.

Many other indications will suggest themselves. Remember, ALKALOL'S "cold-feeding" action is a tissue builder. It never irritates.

We will appreciate your comments

Alkalol is very efficient in relieving congestion and irritation of all mucous membranes. I cannot get along without it.

A satisfied employer gives a better recommendation than I could write. "Dependable," "efficient"—I find these words on thousands of the cards I have received telling of Alkalol's invaluable service to the medical, dental and nursing professions. And in this season their message has a priceless value. For Alkalol has a marvelous 30-year record of efficacy in the treatment of colds. Here's the reason—

ALKALOL FOR NOSE AND THROAT

"Excellent for irrigation of sinuses. Soothing to mucous-membrane" . . . "Surprising relief in congested and sore mucous-membrane" . . . "The best preparation on the market today for eye, ear and throat work" . . . "Used extensively for chronic catarrh" . . . "Consider Alkalol first in its field" . . . "I find Alkalol soothes without the annoying reaction most nasal remedies give" . . . "One of the most cleansing and soothing treatments used today for eyes, ears, nose and throat. It never irritates" . . .

ALKALOL FOR MOUTH AND TEETH

"Especially effective after extraction. Promotes healing of torn tissues more rapidly than anything I have ever used" . . . "I have found Alkalol very effective in relieving mouth soreness" . . . "Use it in my own family and suggest it to my patients" . . .

ALKALOL FOR EYES

"Most of my work is done under artificial light which promotes eye strain and I find that Alkalol affords great relief" . . . "Espe-

cially soothing to the eyes" . . . "I can and do sincerely prescribe Alkalol where an eye bath is needed. It is very soothing" . . . "I have never found anything quite as soothing for tired eyes" . . . "It fills the need for a mild, soothing solution" . . . "Have many patients using Alkalol for the relief of eye strain" . . . "Have used Alkalol for 35 years" . . .

SIMPLE TEST TELLS VOLUMES

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment. Doesn't it stand to reason that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.? Send your card today.

Your card or letterhead will bring
a FREE SAMPLE of Alkalol.

(Signed)

J. P. WHITTERS

The ALKALOL Company

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Taunton, Massachusetts

various health topics are also offered from time to time in daily columns. They sell for about a dime and are handled by the syndicate and the newspapers publishing the column.

The wordage turned out by health columnists is notable. Their average daily production, being about 750 words, requires them to grind out about as much wordage per year as would fill two average-sized novels. Usually columns are prepared well in advance—several weeks or more.

Although no exact figures can be quoted to show the number of people who read health columns, it is probably safe to say that there are at least several million. Added to the readers of regular newspapers, are those to whom fraternal magazines, house organs, trade union journals, and other specialized publications present such columns. Naturally, with so large an audience, medical columnists find themselves with a definite social responsibility in addition to their contract with a syndicate, periodical, or daily.

Each year thousands of ailing humans mail letters describing their favorite symptoms to their pet columnists. Thousands of

others who never read books, who seldom go near a doctor's office, who have never been in a hospital, and who are seldom exposed to even the simplest education in hygiene, read health columns. Therefore, the men who write must instruct their readers in order to discharge their responsibility as physicians. They must be entertaining as well, in order to maintain interest and, consequently, circulation.

Another problem faced by physician-columnists is how to avoid infringing the rights of private practitioners. The task is far from easy. Readers want their questions answered with some degree of thoroughness, yet a newspaper department is no place for a diagnosis. The general practice is to tell what symptoms *may* mean and to suggest that the reader see his personal physician.

As in all other things medical, quackery is a factor to be reckoned with. Occasionally, a column will be conducted by someone who calls himself "Doctor," but who neglects to say what kind he is and how much his mail-order degree cost. Fortunately, such daubs on the picture are scattered.

—BENN HALL



HOW CAN I GIVE THIS
HEMORRHOID
PATIENT COMFORT?

THAT'S EASY DOCTOR JUST
SEND FOR ME. MY NAME'S
SUAVINOL.

Write on professional stationery for
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KONDREMUL

(CHONDRUS EMULSION)

THE FINER EMULSION IN CONSTIPATION



The selection of Irish Moss (Chondrus Crispus) as the emulsifying agent in Kondremul assures a tough film around each globule, so that no breaking down or separation occurs in the gastrointestinal tract.

This means perfect mixture with the fecal mass, smooth elimination, no leakage.

The entire routine of medical treatment in constipation can be accomplished with the three types of Kondremul:

KONDREMUL with Phenolphthalein—combined laxative and regulator.

KONDREMUL with Cascara—adds the tonic laxative effect of non-bitter cascara to Kondremul.

KONDREMUL Plain—a corrective for deficient bowel action.

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Gentlemen: Please send me clinical trial bottle of

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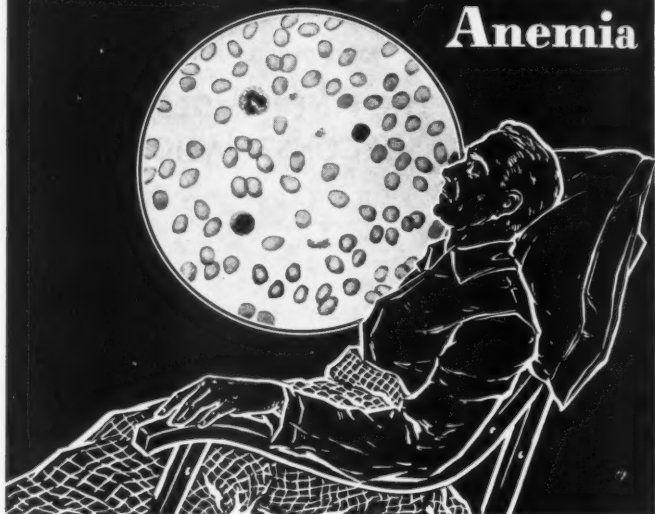
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NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 808, Montreal—producers and distributors of Kondremul in Canada.

Injection Treatment for Secondary Hypochromic Anemia



SINCE iron is indispensable in hemoglobin formation and is essential in the treatment of iron deficiency anemias the indication is to administer iron in a state which is most active and most efficacious.

Fraisse's Ferruginous Comp. Ampoules supply iron in a form which is readily absorbed and completely utilized not only by the red blood cells but by all the cells in the body. Given as a hypodermic or intramuscular injection, the dose is constant and is regulated by the physician himself. Gastric irritation, a frequent result of oral iron therapy, is eliminated. The injection is generally painless and non-irritating.

Hemoglobin regeneration begins promptly after the first few injections and quickly rises to an optimum level. At the same time, the appetite is improved, weight is increased and general vitality is restored.

Ferruginous Comp. Ampoules (*Fraisse*)

E. FOUGERA & CO., INC., Distributors, New York City

KEEPING UP TO DATE PROFESSIONALLY

"KNOWLEDGE MAKES the physician, not the name or the school," said Paracelsus with true sixteenth-century triteness.

The trick nowadays is to get that knowledge. The scope of modern medicine has assumed such staggering proportions that the practitioner who still finds only 24 hours in a day asks, "How can I possibly keep up to date professionally?"

Of course, there are books and medical journals to read, meetings and clinics to attend, detail men to listen to, and papers to prepare—all of which provide capital sources of information. But making the most of these sources is what counts. Let a few men in actual practice tell you how they do it.

Says Dr. Thomas Wilensky, of Eaton Rapids, Michigan: "No man, least of all a busy general practitioner, can hope to keep up to date unless he has adopted a well-outlined plan whereby he really works when he works and plays when he plays, allowing positively no admixtures. The value I extract from my reading depends not so much on what I read but on how I read it.

"After long practice I have learned to skim over the non-essentials, but to study carefully those articles which describe notable advances in medical science. I always keep a paper and pencil on hand for notations. If the particu-

lar article seems to warrant it, I describe it briefly on a 3" x 5" card which will direct me to the article should I need it in the future.

"As I read I try to figure out some way of using the information in my own practice. Only when I am ready to put it into actual operation do I consider that my reading has been of maximum value.

"If an article strikes me as being of more than usual importance, I write a politely-worded letter (not a postcard) to the author, request-

Ewing Galloway



"Periodic journeys to well-known clinics and hospitals where men of national reputation may be watched and perhaps talked to are as important to the average practitioner as a transfusion is to the exsanguinated."

*After she has left
your office —*



FOR ROUTINE FOLLOW-UP
in *Vaginal Disorders*

TYREE'S ANTISEPTIC POWDER

ITS soothing and healing qualities combined with its powerful antiseptic action make Tyree's the preparation of choice in follow-up after office treatment for Leucorrhea, Cervicitis, Endometritis, Vaginitis, etc.

Tyree's Antiseptic Powder is highly effective in removing thick tenacious mucus. It is antiseptic, yet not caustic or irritating. You can prescribe it for use by the patient at home, and be confident that no burns will result even if a stronger dilution than that prescribed is used.



J. S. TYREE, CHEMIST, INC.

*Manufacturers of Cystodyne and
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ing a reprint. I compliment the author on his work and enclose no return postage. When the reprint arrives, it is indexed and filed where it can be readily reached.

"Every effort is made to scan each journal and to study those articles that warrant study before the next issue appears. A reasonable amount of self-discipline enables me, as a rule, to avoid the familiar spectacle of a mound of unread literature."

Through the radio, newspapers, and magazines, the general public may hear of new medical discoveries as soon as the profession does. Unless the practitioner takes time to apprise himself of such advances, therefore, he may find himself in an embarrassing spot now and then.

"Although I practice a specialty," says a North Carolina pediatrician, "I realize that the man who reads only the literature of his own field soon becomes ignorant of the broad foundation of medicine from which all specialties spring. He acquires tubular vision, so to speak.

"Important developments affecting medicine are discussed in general medical literature for months or years before they appear in the special journals. For that reason I devote as much time to general reading as I do to special."

In addition to the leading American journals, a number of other medical publications printed in English—such as the *Lancet* and the *British Medical Journal*—are often well worth reading. Nor are journals in French and German to be overlooked if one is blessed with the ability to understand those languages. When time is at a premium, it is better, however, to digest a

THE STRIKING EFFECTIVENESS OF KI-UMA OINTMENT AS A LOCAL APPLICATION IN Ano-Rectal Diseases

EXTENSIVE clinical experience has demonstrated the striking effectiveness of KI-UMA OINTMENT as a local application in ano-rectal diseases. It provides a twofold therapeutic effect.

First . . . it promptly relieves local pain and itching and soothes the irritated surfaces.

Second . . . by acting as a mild astringent and anti-phlogistic, it reduces inflammation and congestion and helps to control bleeding.

Following is a summary of the clinical observations on the use of Ki-uma Ointment in the relief of ano-rectal diseases:

1

Salicylic acid has long been used as an anti-pruritic agent for the relief of pruritus ani and also as a medicinal agent in the treatment of various skin conditions such as eczema or chronic urticaria with or without pruritus.

2

Inasmuch as a salicylic ester is one of the principal ingredients of KI-UMA OINTMENT, it would logically follow that KI-UMA



OINTMENT should have a beneficial effect in pruritus ani.

3

In severe cases of pruritus ani out of eight observed, either uncomplicated or associated with perianal eczema, internal and external hemorrhoids and fissure in ano, KI-UMA OINTMENT produced a very distinct relief from the itching.

4

It would seem that the combination in KI-UMA OINTMENT consisting of salicylic ester with the special base oleum bassiae parkii, is a definite therapeutic advance in the relief of pain, itching and discomfort associated with pruritus ani and hemorrhoids.

Complimentary package for clinical trial sent on request.

E. FOUGERA & CO., Inc.
75 VARICK STREET
NEW YORK CITY

KI-UMA OINTMENT

few leading journals thoroughly than to attempt to flit through a large number of both American and foreign issues.

Dr. F. T. Van Urk, of Passaic, New Jersey, has a practical system of filing medical articles. "It used to be my custom," he says, "to keep my journals in covers. There were rows and rows of them. In referring to these volumes, it was necessary for me to hunt laboriously through indices to find what I wanted. Moreover, in most instances, volumes that had attained an age of more than five years were useless.

"I have since said goodbye to all that. I now cut up my journals. After ripping out the articles I want to keep, I throw what's left into the wastebasket.

"My next step is to trim the white margin off each page, fold the article, and insert it in an ordinary $3\frac{1}{2}$ " x $6\frac{1}{2}$ " envelope from which the flap has been removed. The article is identified by writing on the face of the envelope, and then filed alphabetically. As a result, new knowledge is always at my fingertips."

Periodic journeys to well-known clinics and hospitals where men of national reputation may be watched and perhaps talked to are as important to the average practitioner as a transfusion is to the exsanguinated. The new energy and enthusiasm engendered by such visits is beyond price.

"I make an effort to visit some modern medical center each year," says a Knoxville, Tennessee practitioner. "Since these centers are in large cities, it is often convenient to combine work and pleasure when making the trip. I spend part of each day at the hospital and the remaining time at museums, theatres, and other places of interest. A week at one of these large clinic centers sends me home filled with dozens of new ideas, new concepts of disease problems, and methods of therapy. Moreover, I am often referred to literature while on these trips which I can study when I reach home again.

"A plan of reading and study, combined with attendance at one large meeting and one large clinic a year provides an inexpensive and pleasant method of keeping up professionally. This system involves absence from work for only two weeks annually and the necessity for no more than ten or twelve hours' reading a week."

Adds a Chicago dermatologist: "Hospital pathological conferences are well worth attending, too. I make a particular point of going regularly to the weekly meetings at my county hospital. During the nine months in which conferences are held, the choicest specimens from among approximately 1,200 autopsies are thoroughly discussed. . . Both at these conferences and at medical society meetings, I derive particular help from the informal

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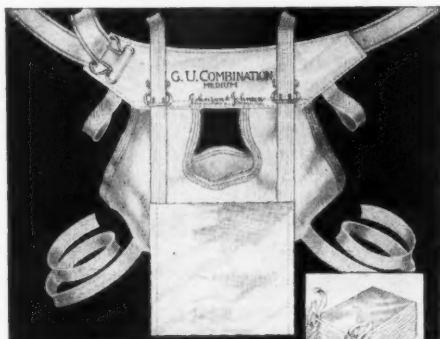


*Will Assist in the Treatment
of Gonorrhea.*

No. 117 is the Apron with a Suspensory.
No. 100 is the Apron without a Suspensory.

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1036 Spring Street, Philadelphia, Penna.

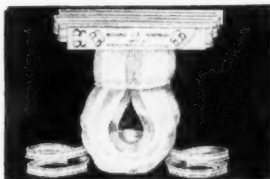
ADVANCEMENT IN DESIGN AND CONSTRUCTION OF SUSPENSORIES



G. U. COMBINATION—Army & Navy Type.
In diseased cases, the G. U. Suspensory with
12 refills is recommended. Soft cotton pad
is attached to front buckles which can be removed and changed.

The consensus of opinion among physicians plus fifty years of manufacturing and research have brought the Johnson & Johnson Suspensory to its present high standard. The scientific construction provides correct fit, fullest protection and maximum comfort.

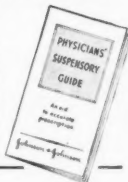
Johnson & Johnson offer a complete range of styles and types adaptable for all cases—in extra-small, small, medium, large, extra-large and double extra-large sizes. We always urge purchasers to "see your physician" on the type of suspensory to wear.



DIAMOND J—Army & Navy Type

FREE TO PHYSICIANS

The "Physicians' Suspensory Guide" is a practical aid. It is convenient, brief, complete and up-to-date. The busy practitioner can select quickly the suspensory he considers best for any individual case. Write for your copy today.



Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

discussion groups that form at luncheons, in hotel rooms, and in the halls after the sessions are over."



The majority of physicians find it well worth their while to hold open house for detail men. "Almost always they are able to offer a new product or an improvement on an old one," says Dr. Walter E. Abell, general practitioner, of St. Louis, Missouri. "The companies they represent have money and equipment with which to employ the best research workers. Hence, their findings may be of great importance to me."

Descriptive literature which finds its way to the physician's desk warrants at least a brief reading. If the daily harvest is quickly but carefully scanned, some nuggets of extremely valuable information will generally be found. In many instances physicians find it worth their time to sort and file selected booklets and literature for future reference.



The preparation of medical papers is another extremely effective means of brushing up on certain phases of practice. Dr. Wilensky has some definite ideas on this topic also. "I have often written papers,"

he says, "without even having been asked to deliver them. When finally whipped into shape, they are filed. The man who does likewise will not only garner and retain a great deal of knowledge, but he may be surprised some day to discover that he is considered a local authority on some particular topic and is in demand to read his paper before the county society."

"Even though you never face an audience to present a paper, you are bound to be benefited tremendously by an occasional adventure into authorship. Gathering facts for a paper impresses those facts indelibly on your mind."

The following general hints on keeping up to date professionally come from physicians in the East, West, and South:



"I read, study, work, observe, and record—but, above all, I record. Always, before going on to another topic, I pursue my subject matter until I feel that it has become a part of my medical being."



"I never lose an opportunity to ask questions at society meetings."



"I believe firmly in the value of always looking for evidence which



Physicians Have Observed This Fact Hemorrhoids can be shrunk.

Everybody dreads a rectal operation. Painful and inflamed hemorrhoids can often be shrunk and made relax sphincter spasm. One Suppository inserted into the rectum at bedtime.

Free sample—one penny postcard will bring you a sample of this product. Advertised to physicians exclusively.

MICAJAH & COMPANY, 264 Conewango Avenue, Warren, Pa.

DR.

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At all times . . . but especially when vaginal irrigation is to be employed consistently over a considerable period . . . the preparation for the douching solution should be non-irritating to the vaginal mucosa, otherwise more harm than good may result. When you prescribe LORATE for your patients who may be benefited by vaginal irrigation, you are assured that no harm can result from the therapeutic agent, regardless of the strength employed. You may also be certain that with Lorate the greatest detergent and cleansing effectiveness is attained. Lorate is an alkaline powder, pleasingly perfumed and useful wherever a non-astringent douche is indicated.

INDICATIONS: Simple cleansing douche; during and after menstruation, in leucorrhea, trichomonas vaginalis and other forms of vaginitis, cervicitis, after childbirth and gynecological operations; for pessary wearers; as a deodorant. FORMULA: Sodium perborate, sodium bicarbonate, sodium chloride, menthol and aromatics. DOSAGE: 2 teaspoonfuls to each quart of water. Stronger solutions may be used if desired.

A trial supply gladly sent on request.

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THE THERAPEUTIC VAGINAL DOUCHE POWDER

MEDICAL ECONOMICS • MARCH • 99

has not been unearthed or described by anyone else. I am always desirous of finding new methods."

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"Several hours a week, chosen outside my office hours, are allotted to keeping abreast of certain literature. I find that by having a rendezvous, so to speak, with one's journals, it is easier to get reading done and to avoid the habit of neglecting it."

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"Almost without exception, medicine's great clinicians have acquired a foundation for their vast knowledge through long service in the dead house, studying gross morbid anatomy. What a pregnant hint to any lesser light! Although advantageous, it is not essential to have the services of a trained pathologist and elaborate equipment. One may uncover a veritable mine of information by simple inspection, palpation, and gross inspection of tissues from patients studied while alive. It has been my practice for many years to perform gross dissections on almost all my patients who die, whether they are private or service patients. Contrary to the belief of many, a physician in private practice may obtain permission to do autopsies

upon practically all his patients if he is sufficiently diligent. The percentage of post mortems depends entirely upon how much he wants them and how aggressively he goes after them. This practice, I believe, has taught me more medicine than anything else."

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"Keeping in step professionally enabled me to discover the specialty of my choice. I would never have found it otherwise. Five years ago I sat down to take stock of myself. My first ten years of practice had been years of steady progress economically; but from a professional standpoint I had been slipping. I decided that to improve myself was imperative. I began by devoting part time to a short general medical course. That was followed by a short course on diseases of the chest and, in turn, by a course on cardiovascular diseases. As soon as I found myself plunged into the latter study, I realized that my chief interest lay in cardiology. As a result, I have continued to do intensive work along that line and am now comfortably established in the specialty. All of which proves the value of taking stock now and then and acting on one's inventory."

You can rely on VIM Square Hub NEEDLES

- to always be sharp, keen, ready to use;
- to be free from danger of rust, clogging;
- to be impervious to most acids, reagents;
- to be made from Firth-Brearley Stainless Steel;
- to have sturdy Square Hubs for easy handling.

Order VIM Needles from your Dealer—
ask for "VIM."



Doctor: We want you to try this dependable cough relief



We make Bell's Syrup of Codeine Comp. with the codeine *alkaloid*—25% stronger in effect than the salts of codeine as a trial will prove. A palatable cherry colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Requires registry number only.

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If you will try it—just once—in the coughs of pertussis, bronchitis or asthma—you will continue to prescribe it and we shall be grateful.

SEND FOR SAMPLE

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

M.E. 3

Sample Syrup Codeine Comp. Bell, please.

Registry No.

Name

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A COMFORTABLE PATIENT
The First Step In Treating
PNEUMONIA, TONSILLITIS,
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R FEBRISOL, LIQUID (Strong)
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Antipyretic Anodyne

Both preparations (combined to be non-depressing) check pyrexia and relieve pain, headache and nervous irritability. Thus, your patient is made comfortable, and more responsive to drastic medication.

In original 8 oz. bottles at Ethical Pharmacies or prescription labeled for dispensing.

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**Worn, the world over, for
every condition requiring
Abdominal Support.**

Every belt is made to order.

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IMMUNIZATION FILLIP

TO AROUSE and sustain interest in a campaign for immunization of pre-school-age children, the Ohio State Department of Health distributes the following notices. The first is mailed to the mother shortly after her child is born; the second, when the child reaches the age of nine months.

Dear.....:

One of the most dangerous diseases of infancy and early childhood is diphtheria. Every year hundreds of babies die from this disease.

From birth to six months of age infants are naturally protected against diphtheria. After the age of six months, however, they gradually lose this protection. Between the 6th and 12th month of life your baby, should be given protection by having your family physician administer diphtheria toxoid.

Diphtheria is preventable.

COUNTY BOARD OF HEALTH

Regular medical supervision by your family physician is the best policy.

Dear Parent:

Your baby is now nine months of age and has lost practically all the natural protection against diphtheria.

NOW is the time to have your family physician protect your baby from this destroyer of infants and children by having him administer diphtheria toxoid.

Protect your baby now.

Diphtheria is preventable.

COUNTY BOARD OF HEALTH

(After your baby has been protected, report this fact to the County Board of Health.)

Regular medical supervision by your family physician is the best policy.

A REAL AID IN YOUR INFLUENZA TREATMENT



Massage with BAUME BENGUE offers a safe and dependable means of relieving muscular aches and pains.

Influenza strikes quickly and without warning. The infection causes a severe demand upon the natural body reserves with the added presence of pain and discomfort in back, legs and muscles.

Naturally, since no treatment is specific, the patient's comfort is paramount, and thousands of physicians have proved in past influenza epidemics this well-known combination of menthol, methyl salicylate and lanolin to be helpful in relieving pain and discomfort.

"BEN-GAY" is also effective as a counter-irritant for the relief of superficial aches and pains, head and chest colds, stiff neck, headache, etc.

SAMPLES MAILED UPON RECEIPT OF PHYSICIAN'S CARD.

THOS. LEEMING & CO., INC.

101 West 31st Street, New York, N. Y.

In a Thousand Offices Tonight..

IN a thousand offices tonight, a worn and beaten man is pausing for just a minute's rest. Other men are already home or at the dinner table, but this man has patients yet to be seen—evening calls yet to make.

All day long they have come to him loading their worries, their fears, and their illnesses on his shoulders. Each one was a new problem. Each one demanded his best attention, his sympathy and his skill.

Ahead of him is interrupted sleep, emergency calls, more worries, more fatigue. Yet—he dare not be too tired. He *cannot* let down. He has elected to serve, and his community demands all that he has to give—and then some.

Is this man you, Doctor?

Are you following the old saying of the shoemaker's children having no shoes?

Why not prescribe for yourself as you would for the business man who comes to you with a story similar to yours?

You'd probably suggest a roborant, a good rest, a different scene. But if he could do only one of these, you'd give him the roborant.

May we suggest for you that the formula shown here will combat that fatigue safely, with maintained gains, and no gastric upset?

Let us send you a sample for your own use.

BIOBASIC PRODUCTS, Inc.
International Bldg., Rockefeller Center
New York, N. Y.

ME 15

DR. _____

ADDRESS _____

CITY _____ STATE _____



EACH TABLET REPRESENTS APPROXIMATELY:

Liver Extract (Wilson)	2 2/5 grains (3100 mgms fresh liver)
*Iron albuminate	1 2/3 grains
Copper Biobasic	1/100 grains
Calcium gluconate	1 1/5 grains
	<u>as metal</u>
*Ferrum	3.80 mgm
Cuprum	.13 mgm
Calcium	7.00 mgm
Vitamin B	Vitamins
Vitamin G	2 Sherman units 10 Sherman units

*Note low iron intake. Experience in hundreds of cases shows that in not a single instance has Heptogene caused the gastric upset so often associated with high intake of astringent iron compounds.

BIOBASIC PRODUCTS, INC.

International Building, Rockefeller Center, New York, N. Y.

Will March Go Out Like a Lamb? For These Children... YES



Whatever The Weather—They Get Their Share of the Sun!

Fortunate indeed are those children whose mothers follow their doctors' advice—they get their share of Vitamin "D" regardless of the position of the sun. Because they do not depend on the ultra-violet rays of the sun alone for this bone-building and tooth-forming essential.

For many months the amount of these rays is far too small to supply Vitamin "D" in adequate amounts to make calcium and phosphorus do their proper work of building strong bones and sound even teeth. During every season clouds, soot, dust, clothing, working and living too much indoors—reduce the benefits of these rays.

No wonder, then, that many physicians and pediatricians recognize the importance of providing every child with a supplementary source of Vitamin "D". Thanks to the famous Steenbock Irradiation Process licensed exclusively by the Wisconsin Alumni Research Foundation, pharmaceuticals, irradiated milks, cereals and other foods provide constant amounts of Vitamin "D" the year 'round. Over these products—selected for availability, low cost, and definite benefits—the Foundation exercises the strictest control; and always mothers are urged to co-operate with their family physician in building "A FOUNDATION OF STRENGTH FOR THE FUTURE."



SPRING...Sun's ultra-violet rays still weak—only about as strong as on June 1.

*Based on Lawrence "Physiological Effects of Radiant Energy," Page 44.

Dependable sources of Vitamin D effect under the Steenbock irradiation process include:

Viosterol and Viosterol products produced under the Steenbock patents by ABBOTT, MEAD JOHNSON, PARKE-DAVIS, SQUIBB and WINTHROP.

Irradiated Evaporated Milk—available in every part of the United States and Canada and in many other countries.

Irradiated Vitamin D fluid milk—now available in most large and many smaller cities. Metabolized Vitamin D fluid milk available in nearly 300 cities.

Other Vitamin-D-enriched foods include: Dry Milk and Milk Drink Accessories, Foods, Yeast, Breakfast Foods, Cereals, Flour and Bread.

Write for free copy, "Calcium and Phosphorus Studies," by Shelling and Hopper and "Vitamin 'D' and the Teeth."

WISCONSIN ALUMNI RESEARCH FOUNDATION*

*A corporation not for private profit... founded in 1929... to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.



MADISON
WISCONSIN

PARENTS' CONSENT

Under what circumstances may a doctor operate on a child without the authorization of the parents or guardian?

BY ROSS DUDLEY, LL. B.

THE EXTREME CARE which a physician must exercise in operating on a child without the consent of the parents is well illustrated in a decision just given by the Supreme Court of Oklahoma, awarding the plaintiff \$8,000 plus costs.

The case involved a fourteen-year-old boy whose leg was broken a few inches above the ankle in an automobile accident. He was taken to the defendant's hospital.

The defendant doctor testified that on examination he found the boy's right leg crushed, that the muscles were torn and some of the nerves severed, that there was no circulation in the foot, and that he deemed an immediate amputation essential to the preservation of life and health. He admitted that he operated without obtaining the consent of the parents, but he claimed that he told the boy an amputation was necessary and that the latter said to go ahead. The boy denied this at the trial.

This case illustrates a problem that confronts the surgeon all too frequently: Under what circumstances may he operate upon a minor without the parents' consent and without liability in a damage suit?

The general rule is this: A sur-

geon has no legal right to operate upon a child without the consent of the parents except in an emergency when the preservation of life or health depends upon immediate action. Even then, a reasonable and diligent effort must be made first by the practitioner to find the parents and to advise them of the situation.

At this point it may be asked: If, in the case cited, the boy's leg was mangled and there was no circulation in his foot, didn't that constitute an emergency; and wasn't the surgeon justified in operating?

The rule is well established that when a surgeon operates without consent, upon the theory of an emergency, the burden rests on him to show, by the preponderance of evidence, that such an emergency actually existed. If he cannot prove it to the satisfaction of the jury, they may believe the plaintiff's evidence that it was not necessary to proceed with the operation without consent. That is what happened in the case mentioned—to the extent of \$8,000.

In another case in which a surgeon amputated a boy's foot without the consent of his parents, the state supreme court held that he

had followed the proper procedure.

Here, the plaintiff, a fifteen-year-old boy, while crossing a railroad track, was knocked down by an engine and thrown under the wheels. His foot was crushed, with a compound disarticulation of the bones.

Upon his arrival at the hospital, he was partially conscious and could communicate his name and address. Later he lapsed into complete unconsciousness. Efforts to revive him by injections of strychnine and the infusion of a saline solution were made; but he couldn't be aroused. Circulation in the foot was completely interrupted.

Four surgeons were present at the hospital, in addition to the defendant. All examined the plaintiff and agreed that an immediate operation was necessary to save his life.

The defendant inquired if there were any relatives of the patient present, and was advised that there were none. He also inquired as to the boy's address, and considered the time it would take to have the parents come, even if they could be located immediately. It was the unanimous opinion of the five surgeons that, because of the critical condition of the boy, the amputation could not be delayed.

The court held that the defendant doctor followed the proper course since he consulted with other qualified surgeons who reached the same conclusion he did, and since he then exercised

the best judgment and skill of which he was capable. He also made a sufficient inquiry to determine that, under the circumstances, it was impractical to secure the parents' consent to the operation.



The difference between the two cases cited is this: In the action which the surgeon won, he was able to prove that the patient was in a critical condition, that preservation of life depended upon instantaneous action, that other qualified surgeons were of the same opinion as he, and that he had made a reasonable attempt to determine the practicability of securing the parents' consent.

In the case which the other surgeon lost, he apparently did not make any attempt to confer with his colleagues, even though he did discuss the case with a bacteriologist and some nurses who were present. Nor was any apparent effort made to determine the parents' wishes in the matter. The jury concluded from the evidence presented that death or loss of health would not have followed had the operation been delayed for consultation or until a reasonable attempt had been made to obtain the parents' consent.

But what is a practitioner going to do if there are no colleagues present and if the patient's condition is critical—let him die?

Admittedly, there are instances

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Dependable
Viburnum*



VIBURNO (Beach)

Made from the TRUE CAROLINA BLACK HAW
It is pleasantly palatable, and therapeutically efficacious. Does not interfere with menstruation or pregnancy; will not constipate. Prescribe it from puberty through the menopause, wherever viburnum is indicated. Literature and two ounce sample, from the Viburno Company, Inc., 146 Front Street, New York.



After the Storm

As welcome as the calm that follows the storm is restful sleep to the sick patient. For the overwrought, nervous patient prescribe

PENTABROMIDES (MERRELL)

Pentabromides induces prompt, safe sedation without untoward after-effect. It consists of five c.p. bromides (calcium, potassium, sodium, lithium and ammonium) in a palatable vehicle. Each teaspoonful contains fifteen grains of the combined bromide salts.

Non-habit-forming

Palatable

Well Tolerated

Also available as Pentabromides Effervescent Tablets, each containing fifteen grains of the above bromides, combined.

The Wm. S. Merrell Company
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THE WM. S. MERRELL COMPANY
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Gentlemen: Please send me literature and a sample of Pentabromides.

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BLOOD SUGAR
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Insulin Need

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(Cole's Endocrine Comp. No. 18)

ENDOMYRT (Cole) is of decided value in the treatment of diabetes mellitus. Through its composition of extract of *Vaccinium Myrtillus* (rich in myrtillin), islet pancreatic extract, and duodenal substance, it tends to stabilize the blood sugar level, mitigating or preventing hypoglycemic reactions from accidental insulin overdosage. In addition, it exerts a well-defined insulin-like action. Depending upon the severity of the diabetic state, Endomyrt (Cole) may replace insulin entirely, or permit an appreciable decrease in insulin dosage, without alteration of carbohydrate intake. Your diabetic patients, Doctor, will appreciate this reduction in insulin need.

Any druggist can fill your prescription for Endomyrt (Cole). Literature to physicians on request.



**COLE CHEMICAL
COMPANY**

ST. LOUIS, U.S.A.

where the doctor has no opportunity to confer or to do anything except operate. If he finds himself so situated, he will have to make his own decision and take the risk.

In the overwhelming majority of cases, however, consultants can be found; and a reasonable attempt can certainly be made to secure the consent of the parents. (Incidentally, do not rely upon the consent of brothers, sisters, or less immediate relatives, as ordinarily they have no authority to give consent.)

DOLLARS FROM HEAVEN

FEW PHYSICIANS who save the ledgers kept by their physician fathers will ever find anything in them more valuable than sentiment of historical interest. Yet, because he held on to his father's ledger, a Flushing, New York practitioner was helped to collect over \$1,000.

Following is his story, told to MEDICAL ECONOMICS with the understanding that his name would not be divulged:

"It's scarcely creditable. I might not believe it myself if it hadn't happened to me.

"Last summer a prosperous-looking man of about seventy alighted from a big car in front of my house. I had never seen him before. He came into my office and asked, 'Was your father's first name the same as yours, and was he, too, a physician?'

"Yes," said I.

"Then my visitor asked where my father had been located, whether he died in 1899, and if I

had any brothers or sisters. His questions were a bit numerous and personal, but I answered them.

"Just one thing more," added the man finally, "Is your mother living?"

"I told him that I was the last of my family.

"Then," he beamed, "you're the man I want. Your father brought me into the world and was not paid for his services. Undoubtedly, there were other long-standing bills owed to him by my parents. I wonder if you have your father's ledgers on hand."

"I was able to produce the ledgers without much trouble. My visitor gave me his name, and I looked up his parents' account. The final bill amounting to almost \$500, had been rendered 63 years ago.

"My mother's last request to me," he explained, "was that if I ever made any money, I hunt up your father or his survivors and pay that old bill with interest. It took me about fifteen years to establish myself in business out West. Now I have come back East expressly to pay that debt."

"He then figured the interest due. I don't know what rate he used. I was too dumbfounded to ask. All I know is that I gave him my receipt for a check for more than \$1,000.

"And it didn't bounce, either!"

INTERNSHIP ought to be included as part of the regular medical course, so that when a student graduates he is able to start practice at once, says Dr. A. C. Beck, professor at Long Island College of Medicine.

To Prevent Habitual
ABORTION
to Improve
LACTATION

EMBRY-E

(Cole)

THAT vitamin E is essential for the normal continuation of pregnancy has been satisfactorily demonstrated. When it is deficient, abortion occurs during the first trimester of pregnancy. By administering Embry-E (Cole), the deficiency is corrected and the patient usually goes to term.

Deficient secretion of milk is frequently associated with a lack of vitamin E in the maternal diet; in these cases Embry-E promptly restores normal lactation. Embry-E (Cole) is pure cold-pressed wheat germ oil, the richest known source of vitamin E. It is indicated as a prophylactic in every woman in whom abortion has occurred, for the treatment of habitual abortion, deficient lactation, and for sterility due to lack of vitamin E.

Any druggist can fill your prescription. Literature to physicians on request.



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INVESTORS' CLINIC



BY FRANK H. McCONNELL



DESPITE STRIKES and floods, the market has stood up well. This evidence of its strength under trying circumstances would seem to presage still higher prices as time goes on. There is certainly no excuse for selling good stocks now.

The Federal Reserve system has raised a barrier against inflation. It has tightened restrictions upon banks so they will not be able to loan money too loosely. In the face of this development, it might seem that the screws are being applied to business activity. But a longer-range view reveals that business will actually be encouraged. Credit is ample to take care of a boom that may far surpass that of the 20's.

This precautionary step has been taken to discourage wild speculation. Speculation, in the long run, is not a friend of business; business moves along sound lines; and the new Reserve requirements represent a step to protect business, not to injure it.

Carburetor Trouble Over

With the sit down strike over, the automobile industry appears headed for one of the greatest years in its history. The advance in wages—estimated at \$25,000,000 a year for General Motors alone—is small in comparison with bene-

fits that are expected to accrue.

While General Motors, for the time, has suffered more than other motor companies, it is safe to say that it will come through the year with comparatively small harm to its earning power.

Similarly with other companies. They have neither gained nor lost. For them, too, the outlook is good. The motor industry appears headed for an even bigger year in 1937 than it had in 1936, which was the best year since 1930.

Steam on Wheels

Meanwhile, American railroads—the other important division of the transportation industry—have been doing remarkably well. While the floods naturally slowed down transportation in the "bread basket" zone, recent reports indicate that lost time has been more than recovered.

The railroads learned a great deal during the depression. No longer do they sit back complacently. They know that the only way to attract business to the rails is to give superior service, and this they are accomplishing. Running schedules throughout the country have been cut from 20% to 40%, in some cases even more. This is true of freight service—from which the carriers earn their important revenue—as well as of passenger service.

With business on the upgrade, it seems certain that the railroads

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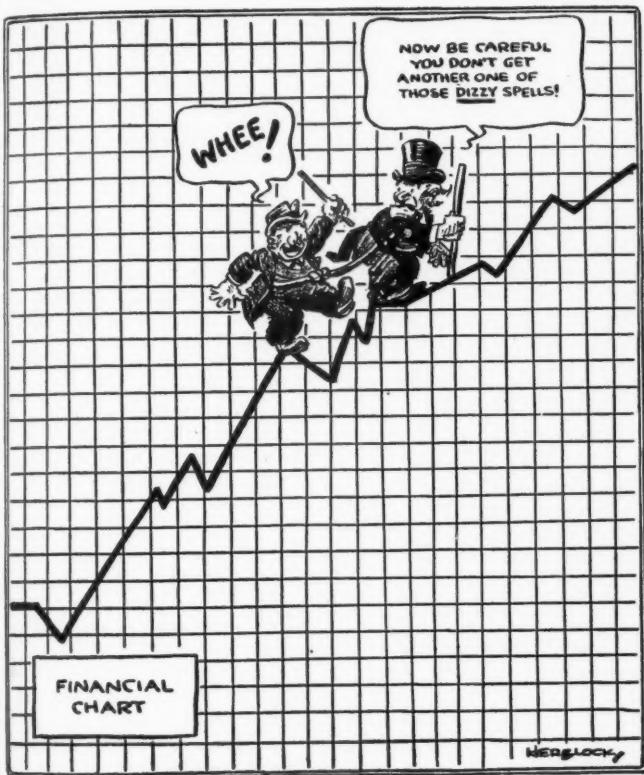
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Getting up into the higher altitudes again.

will do better. The industry affords strong attraction today to the investor.

In Glass Houses

Probably the best coordinated industry—with or without NRA—of which this nation can boast is the glass business. One reason is the fact that glass-making is an art which cannot readily be learned. Companies in this line learned long

ago to specialize in their respective fields, and not to encroach upon the territory of others. Moreover, the particular divisions of the industry require so much skill that it is often difficult to step into others.

An example is that phase of the business known technically as the "hollow" glass field. Here, inventive genius has developed new products which will soon be placed on

the market to compete with those made of metal. It is possible today to wear a glass necktie. Rope can be made of glass strong enough to hold a balky calf. Stranger still, glass curtains are now being made to protect homes from burning. (These particular curtains are placed over fireplaces. The strongest fire cannot shoot sparks through them. Nor do they melt. They are comparable to asbestos in their ability to resist heat.)

Few industries offer as great attraction to the investor as this one which, curiously, is little understood or appreciated by the average buyer of stocks. Its possibilities are great.

Soaring High

A number of airplanes have recently crashed. Shares of airplane companies have felt the effects.

Inquiry reveals, however, that nothing is fundamentally wrong; that leading companies in the field are not overreaching themselves in trying to develop both speed and capacity of airplanes at the same time.

It is probably safe to predict now that the law of averages has been compensated. If so, the shares of strong companies in the industry, particularly those of compan-

ies which have suffered reverses, may well be bought.

Beating the "Flu"

The country has been suffering recently from highly unseasonal weather. Drug stores have been busy. Tired physicians have had to keep going, even though they would have preferred to rest.


The toll, of course, has been heavy—upon patient and physician alike. But in terms of money alone, one benefit has resulted: Companies which manufacture drugs have been earning profits. Some of the larger units in the field have even had to enlarge their staffs.

For the medical man who, better than anyone else, realizes the magnitude of this demand for drugs, purchases in the drug industry would seem to be particularly logical.

Inflation Bugaboo

While the holder of bonds has seen some decline in prices following the recent action of the Federal Reserve in tightening its grip upon credit to avoid too free extension of loans, the outlook for bonds continues good. There is no indication that inflation is here. And until inflation comes there is no reason to sell.

[TURN THE PAGE]



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● PINEOLEUM, for more than 30 years, has been recommended by physicians for treatment of rhinitis and acute coryza. Now in 3 forms: Pineoleum, Pineoleum with Ephedrine and Pineoleum Ephedrine Jelly. Samples will be sent upon request.

THE PINEOLEUM COMPANY
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TAUROCOL

For Lagging Biliary Function

Taurocol is a combination of bile salts, extract of cascara sagrada, phenolphthalein and aromatics. Its action is to stimulate the flow of bile without irritation to the liver or the gastro-intestinal tract and to act as a laxative or a cathartic. Recognized and widely prescribed by the medical profession for over a quarter of a century.

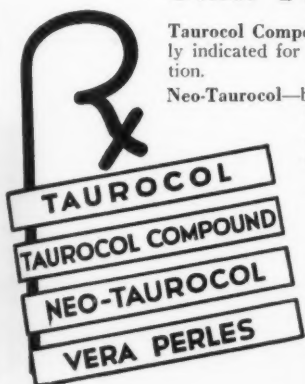


Other PLESSNER Products

Taurocol Compound—with digestive ferments. Especially indicated for intestinal indigestion and auto-intoxication.

Neo-Taurocol—bile salts without phenolphthalein.

Vera Perles—of Sandalwood Compound—indicated in certain subacute and chronic urinary diseases.



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3538 Brooklyn Ave., Detroit, Mich.
Please send me samples of:

- ☐ Taurocol
- ☐ Taurocol Compound with Digestive Ferments
- ☐ Neo-Taurocol without phenolphthalein
- ☐ Vera Perles of Sandalwood Compound
- ☐ Clinical Record Forms

Dr.
Address
City State

It may be difficult to select a bond today which enjoys the prospect of higher prices. But there are other factors to be considered. The buyer should think not of two months, nor of one year, but of the long-time future. This, regardless of the fact that bonds are now selling near their highest prices in history.

Bananas Today

The larger companies which furnish bananas and other tropical fruits for your morning breakfast will soon be issuing their annual reports. These reports will be even better than a year ago.

Not since the past decade have the fruit companies done so well. The American larder has been better filled with fruit in the past year than since 1929. Contributing to

this increased demand has been a better public understanding of the necessity of fruit in the diet.

Meanwhile, of course, the industry which supplies fruit for the American table has been doing well. A purchase of shares in this industry is amply justified.

Another Headache

Although all factions active in the recent automobile strike claim victory, the fact remains that no one group is entirely satisfied. Sooner or later, this dissatisfaction will show itself in an industry which supplies the materials from which cars are made, namely, steel.

For the time being, therefore, despite improving demand for American steel, shares in this industry do not appear attractive for purchase.

The pelvic pain and malaise of the menstrual period, whether it occurs in puberty, during the prime of maturity, or at the menopause, may be classed as dysmenorrhea. Under any of these conditions, **LUPEX** capsules of humulus lupulus compound may be the treatment of choice for that recalcitrant condition. If you have not prescribed **LUPEX** capsules, send for clinical samples and literature to

THE LUPEX COMPANY, Inc., GARDEN CITY, L. I., NEW YORK

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THE GODDESS OF THE HARVEST

It was believed that this goddess rested for six months and produced plentifully for six months. Even the ancients realized the value of an adequate period of sleep, to prepare the body and the mind for proficient productiveness.

Peacock's Bromides

A safe, dependable sedative, relaxes the body and calms the nervous system. It permits a natural, normal sleep without dreams and without the usual ensuing drowsiness and languor. Suggest PEACOCK'S BROMIDES to your over-worked, nervous and worried insomniac.

Standardized at 15 grains bromide salts to the fluid dram . . . Samples to Physicians.
Please mention this journal. Introduced to the Profession in 1885.
Fifty years of clinical experience.

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Makers of Sanmetto, Peacock's Bromides, Cactina Pillets, Chionia, Prunoids and Seng

IN YOUR UNYIELDING SKIN LESIONS

cases which utterly fail to respond to the usual forms of treatment, make use of

MAZON

THE PREFERRED DERMAL THERAPEUTIC

- Readily Absorbed
- Anti-pruritic
- Non-staining
- Anti-septic
- Non-greasy
- Anti-parasitic
- No Bandaging is Required

Mazon is definite in action and positive in results.

COMPLETE ELIMINATION—2 MONTHS
• NO RECURRENCE—6 YEARS •

INDICATIONS:—

ECZEMA
PSORIASIS
RINGWORM
ALOPECIA
ATHLETE'S FOOT
DANDRUFF
and other skin disorders



samples and literature on request. •
BELMONT LABORATORIES, Inc.
4430 Chestnut St., Philadelphia, Pa.

CHANGES IN FOOD-DRUG LAW

THE COPELAND food and drug bill (S.5) was reported favorably to the Senate on February 16 by the Commerce Committee.

Included in the report were 26 features designed to increase the scope of the old law. The bill:

"1. Prohibits false advertising of food, drugs, therapeutic devices, and cosmetics.

"2. Provides for the promulgation of standards of identity and a reasonable standard of quality for food.

"3. Requires the labeling of unstandardized food to disclose the ingredients by name.

"4. Prohibits traffic in food which is dangerous to health. (The present law permits regulation of dangerous food only in the event that the poison is added.)

"5. Prohibits addition of poison. If it cannot be avoided in production or manufacture, when it reaches the consumer the product must be safe for human use.

"6. Eliminates the 'distinctive name' proviso of the existing law under which the sale of products, the labels of which are misleading, are now permitted sale.

"7. Requires fully informative labeling of infant and invalid food.

"8. Requires label declaration of artificial colors and artificial flavors in food.

"9. Forbids traffic in confectionery containing metallic trinkets and

other inedible substances.

"10. Authorized emergency license control of food that might be dangerous by reason of contamination with micro-organisms.

"11. For the first time places cosmetics under Federal supervision. Outlaws those injurious to health.

"12. Prohibits traffic in drugs and devices which are dangerous to health under the conditions of use prescribed in the labeling or advertising.

"13. Requires habit-forming drugs to bear warning labels.

"14. Requires adequate directions for use of drugs and devices and appropriate warnings against their probable misuse through overdosage, or by children, or in disease conditions where they may be dangerous.

"15. Sets up special protection to consumers against drugs liable to deterioration.

"16. Requires that claims of effect of drugs and devices must not be false or misleading in any material particular. (The present law makes fraud, that is, willful intent to deceive, an element of the offense; unwarranted therapeutic claims resulting from sheer ignorance of the manufacturer are not actionable.)

"17. Defines 'non-official' drugs as illegal if the standard of strength varies from the standard claimed. (The present law prescribes only those which fall below the standard claimed.)

"18. Requires that antiseptics possess germicidal power.

"19. Requires declaration on the label of the names of active in-

gredients of non-official drugs.

"20. Prohibits the use of poisonous containers for food, drugs, and cosmetics.

"21. Requires that food, drugs, and cosmetics be prepared and handled under conditions of reasonable cleanliness.

"22. Forbids the use of uncertified and impure coal tar colors in food, drugs and cosmetics.

"23. Prohibits slack filling and the use of deceptive containers for food and drugs.

"24. Provides for factory inspection and the procurement of records needed to provide federal jurisdiction.

"25. Provides increased penalties for violations.

"26. Authorizes the federal courts to enjoin violations."

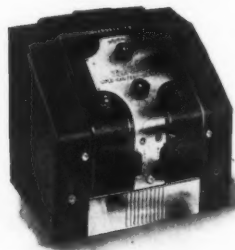
PUPILS 15% DEFECTIVE

"A SOLUTION of the problem of the physically handicapped child is one of the most serious and vital factors to be encountered in the present era." Dr. Max A. Goldstein, director of the Central Institute for the Deaf at St. Louis, Missouri, gravely assured his audience at a recent meeting of the New York Academy of Medicine. To prove his point, Dr. Goldstein called attention to "convincing and alarming statistics": Of the 50,000,000 children enrolled in the public schools of the United States, 40,000 are blind; 60,000, totally deaf; 80,000 have only partial sight; 300,000 are crippled; 3,000,000, hard of hearing; and 4,000,000 defective in speech. The total represents nearly 15% of the entire school population—the future citizens of the nation.

HAVE YOU SEEN THE NEW

WAPPLER COLD CAUTERY SCALPEL

COMPREX



originator of fine equipment for the medical profession, takes pride in announcing a new product—destined to be the most revolutionary development in many years. Upsetting all tradition, the new Wappler Cold Cautery-Scalpel completely renews all previous standards of versatility, for this new unit replaces with superior efficiency the usefulness of many individual pieces of existing equipment. Appropriately termed the Cold Cautery-Scalpel, it provides:

- A current for haemostasis and precise tissue destruction.
- A cutting current for incision or excision, with any desired degree of accompanying sear, with adequate power even for under water cutting.
- Cold cautery or coagulating current, hitherto priced beyond the reach of many practitioners, but generally preferred over the older thermal cautery with its lack of precision, excessive heat radiation and tissue destruction.
- Combined with all these basic modalities, is a unique design permitting their application for all medical specialties together with new features not previously available.

A Few of the Basically New Features of the Wappler Cold Cautery-Scalpel
THREE KINDS OF CURRENT
RETRACTABLE CORDS
AUTOMATIC DRAWER

FOOTSWITCH CONTROL
MODEST INVESTMENT

Ask your dealer for a demonstration

\$85.00

with footswitch

COMPREX DIVISION

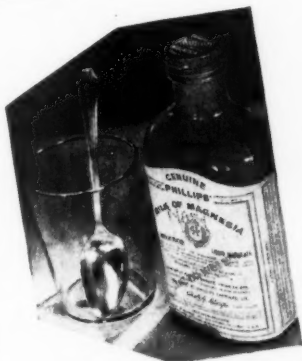
AMERICAN CYSTOSCOPE MAKERS, INCORPORATED

458 WHITLOCK AVE. FREDERICH C. WAPPLER, President

NEW YORK, N. Y.

MILK OF MAGNESIA *in Colds*

The administration of an antacid in the treatment of colds has been recommended by many authors. Equally well established is the elimination produced by a mild laxative.



Phillips' Milk of Magnesia, therefore, serves a dual purpose in combating the common cold—it effectively neutralizes gastric acidity, and at the same time exerts its well-known gentle laxative effect when administered in sufficient dosage.

DOSAGE:

As an antacid—2 to 4 teaspoonfuls

As a gentle laxative—4 to 8 teaspoonfuls



For convenience—Phillips' Milk of Magnesia Tablets. Each tablet equals one teaspoonful of the liquid.

PHILLIPS' Milk of Magnesia

Prepared only by
THE CHAS. H. PHILLIPS
CHEMICAL CO.
New York, N. Y.

Salines . .

in Atonic Constipation . .

When the retarding mechanisms of the colon are too prolonged, mass movements fail and abnormal desiccation occurs, causing constipation of a type relieved by salines.

Sal Hepatica

the mild saline aperient, offers essentially the same action as achieved by certain famous mineral waters. It helps to perform the two-fold function of waste elimination and alkaline conservation.

New experimental evidence indicates that Sal Hepatica stimulates an increased rate of bile flow from the gall bladder

into the duodenum.

Sal Hepatica helps to combat tissue-plasma acidity and to prevent mucous colitis resulting from retention of dry, irritating fecal masses. Support the disease-resisting factors of the body and eliminate waste material with Sal Hepatica. Send for samples and literature.

Sal Hepatica Flushes the Intestinal Tract and Aids Nature to Combat Acidity



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19-11 WEST 50th STREET

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CARREL TAKES ANOTHER

THE NOTABLE ADMIXTURE of science and surgery with which Dr. Alexis Carrel is blessed received special recognition again last month when, at the University of Illinois, he accepted the 1936 Cardinal Newman Award for "outstanding contribution in the field of science." The citation, delivered along with the gold medal bestowed annually by the Newman Foundation, read, in part, as follows: "Dr. Carrel has achieved world eminence for his pioneer work in developing a technic for transplantation of limbs and organs and for the preservation and growth of organs outside the body... His research in blood vessel surgery [for which he received the 1912 Nobel prize in physiology and medicine—Ed.] resulted in discoveries of greater significance than any made in that field since 1616, when William Harvey advanced the theory of the circulation of the blood."

IRONY OF WAR

REBEL SPANISH TROOPS who captured a hospital from Loyalists last month were surprised to find a Russian, his abdomen laid open, stretched out on an operating table. Apparently the surgeon had fled when bullets whined too close. Rebel operators finished the job, removing a sizable shell fragment.

LEGION SHARES BLOOD

ASSISTED BY the local medical society, the American Legion of Allegheny County, New York, has formed what it describes as a blood brothers' or-

ganization. A group of 116 volunteers offer their blood to friends or strangers in any emergency. Each man carries a card giving his blood type and negative Wassermann certification. William C. Green, bacteriologist, originated the idea. The success of the venture has already been proven, and the Allegheny group hopes that service clubs in other communities will be stimulated to form blood brotherhoods of their own.

SPLIT ON FEE SPLITTING

SPEAKING BEFORE the Philadelphia County Medical Society recently, A.M.A. President Charles Gordon Heyd denied flatly that fee splitting is widespread among New York City physicians. Said he: "The morality of the medical profession is almost as high as that of the ministry, and is a little bit better than that of the law. There may be a few offenders on the fringe, but the heart and soul of medicine is pure."

On the other hand, Dr. Harold M. Hays, president of the Association of Private Hospitals of New York City, asserts that between 60% and 70% of the 14,000 physicians in his city probably split fees. He declares that charges for many operations are 50% to 100% higher than is fair because of the pernicious practice; that some practitioners would be unable to make a living without the rebates they receive from specialists. Adding that the worst feature of splitting fees is the secrecy surrounding the act, he suggests a 15% open rebate to referrers. [TURN THE PAGE]

Members of the Kings County (New York) Medical Society voted on the problem recently. They resolved first that they were "unalterably opposed to fee splitting by either individuals or organizations in any form." But, when a resolution was proposed favoring a law making it a misdemeanor to split fees it was defeated 579 to 191. The "noes" are said to have been prompted by the conviction that such a law would be unenforceable.

ENGLAND EXPECTS GAS

FEAR OF GAS warfare is leading to widespread preventive measures in the British Isles. Medical men are preparing for air raids by intensive efforts to learn the effects of and treatment for poisoning by different gases.

An initial corps of ten physicians, trained at the Civil Anti-Gas School in Gloucestershire, will soon start to instruct medical students and practitioners. Other teaching units will be formed as rapidly as possible and sent to different localities.

British street cleaners are also making ready to do their bit. Old-type street-washing machines have been modified so as to be capable of removing poison gas from pavements and sidewalks and then flush them with decontaminating chemicals. The new sprayers can reach the roof of a two-story house with their wide fans of water.

As a final precaution against civilian

injury, the government has started a gas mask factory to produce free respirators for every man, woman, and child in the cities and crowded industrial areas of the United Kingdom. It is predicted that London will be almost completely supplied within the next two months.

At a "gas-mask tea" given at the Wimbledon Town Hall, hundreds of tea-sipping and cake-nibbling mothers were assured that although masks suitable for babies are not yet ready, they will soon be produced. They are to be of three types: a gas-proof cradle, a hood arrangement large enough to envelop the average perambulator, and an anti-gas box of dimensions sufficient to accommodate a recumbent baby.

GLANDS AS CRIME CAUSE

GLANDS MAKE THE MAN, and also the criminal, according to Dr. Louis Ber- man, of New York, who has investigated the endocrines of 250 Sing Sing inmates. Though he does not believe improperly functioning glands are the whole cause of criminal characteristics, he feels that they are definitely a major factor. Standardized techniques for the study of clinical endocrine disorders were used. It was found that glandular disturbances occur two to three times as frequently in criminals as in control groups. Certain crimes tend to be associated with certain types of deficiency and imbalance. Pituitary and parathyroid hy-



the dependable urinary antiseptic CYSTOGEN methenamine in its purest form

Cystogen throughout pregnancy has been used successfully by many doctors as a precautionary measure against the inception of urinary infections. An oft encountered complication in pregnancy is pyelitis. And since Cystogen sets free in the urinary tract, a dilute solution of formaldehyde, this urinary antiseptic is indicated in those cases. Cystogen also eases renal and vesical discomfort and in ordinary therapeutic doses produces no untoward reactions. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

CYSTOGEN CHEMICAL CO., 882 3rd Ave., Brooklyn, N. Y.

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DOUBLE ACTION



LUDOZAN

The Longer Lasting Antacid

1. As an antacid, Ludozan neutralizes excessive stomach acid. Its prolonged action does not induce alkalosis with its resultant swingback to hyperacidity. It does not interfere with digestive processes, cause diarrhea or constipation.

2. As a protective, Ludozan provides a film-like coating of silicic acid gel which shields the tender gastric mucosa from mechanical irritation. Healing processes may then occur in a natural way.

Composition—Ludozan is an insoluble aluminium silicate containing about 12% of soluble sodium silicate. For more stubborn cases of hyperacidity and gastric ulcer, Ludozan with Belladonna (containing 0.5% Belladonna) is suggested.

Convenient—Uniform... There are 21 separate, plain white prescription envelopes to a can of Ludozan (and Ludozan with Belladonna). Each paper contains a uniform dose of 1 teaspoonful.

SCHERING CORPORATION
BLOOMFIELD NEW JERSEY

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ME-3

Gentlemen: Please send my sample of Ludozan and literature to—

Name
St. & No.
City State



poofunction, hyperfunction of thyroid and thymus, instability of the adrenals, and interference with proper maturation of the gonads are the outstanding disturbances associated with criminality.

Concludes Dr. Berman, "All our concepts of justice, punishment, and crime must be revised and reconstructed."

SUDDEN DEATH SURVEY

A 1937 CAMPAIGN to reduce the incidence of highway deaths has begun. Because reports from the National Safety Council and from the press show that automobiles killed 37,708 people in 1936 as against 37,000 in 1935, it is expected that this year's efforts to reduce the tally will be pursued with exceptional vigor.

A federal-sponsored survey was started recently to cut down automobile accidents by ascertaining their causes. States already participating are New York, Connecticut, Massachusetts, and Rhode Island. Later, Pennsylvania, New Jersey, and the Midwest may be included.

Statisticians in Washington will analyze reports from state motor vehicle bureaus to establish, as far as possible, the common factors in automobile accidents. Accident reports in New York, for instance, tell what legal action was taken in respect to those involved in an accident. They also describe physical conditions at the scene of the smash-up. Facts

from the foregoing will provide a basis for considering the advisability of stricter law enforcement and will support conclusions as to how much blame can be attached to highway construction, weather, and illumination.

The Bureau of Roads, of the Federal Department of Agriculture is financing this survey which is under the administrative guidance of the board of highway research of the National Academy of Science.

JOHN BULL TO EXERCISE

IMITATING DICTATORS who seek to improve national physique by physical training, the British government plans an expenditure of \$10,000,000 to develop and supplement existing facilities during the next three years. The project will not be confined to physical and military drill, but will include the building of swimming pools, gymnasiums, camp sites, and sport fields.

Measures to insure adequate nutrition of school children are also planned. In addition, the government proposes to maintain a college to train leaders for physical education and athletic activities.

John Bull's physical culture program—unlike those fostered by Hitler, Stalin, and Mussolini—features voluntary rather than compulsory participation.

Among those who have been appointed to the National Advisory Council

OPHTHALMIC
Solution No. 2 ^{3 ss}
(Sol. Oxyvanide of Hg. & Zinc)
For relief in Conjunctivitis
and other irritation of the eyes.

OLIODIN ^{3 ss}
(Iodized Oil Compound)
For relief in head colds,
nose and throat conditions.

Free Trial Samples on Request
THE DELEOTON COMPANY
Capitol Station, Albany, N. Y.

THIS MOTHER IS A HEALTHIER MOTHER . . .

THANKS TO *Scientific
Anatomical Support*
BEFORE CHILDBIRTH



DURING the prenatal period, a mother's thoughts are mostly of the coming child. Fortunately her physician thinks also of *her*. By giving her body scientific anatomical support, he assists in conserving the tone of the abdominal walls and in protecting the back and pelvis from strain.

For more than twenty-five years the Camp organization has worked closely with the physician to embody in its supports the findings of medical and surgical research. The resulting patented features have justified professional confidence in Camp Supports, not alone for prenatal cases, but for postnatal, postoperative, hernial, orthopedic, visceroptotic and other conditions, including normal obesity.

Today, as in the past, the medical profession may be certain that every Camp Support is *designed* according to the most authoritative knowledge and *fitted* with equal care. Every prescription is faithfully and accurately executed by expert surgical fitters, trained by the Camp organization. Yet the supports are moderate in cost and conveniently available to all, through selected stores.

• • •

To help women better understand the complexity of their physical selves and the importance of professional medical counsel, The Camp Transparent Woman is now making a transcontinental, public health educational tour. Be sure to see this world-famous exhibit when it visits your city.



CAMP
TRADE MARK

SUPPORTS



S. H. CAMP & COMPANY, JACKSON, MICHIGAN
Offices at New York, Chicago, Windsor, Ont.; London, Eng.
World's largest manufacturers of surgical supports



Levering's

POCKET ELECTRIC VAPORIZER and VAPOR

Now, quick administration of warm medicated vapor is possible in the treatment of sinus conditions, head colds, hay fever and catarrh. Levering's Pocket Electric Vaporizer is as simple, in operation, as a flashlight.

In use, a flashlight battery heats a tiny filament. The generated heat vaporizes the special vapor liquid. The bulb end is held near each nostril and warm, medicated vapors reach the affected parts.

Several thousand physicians are already acquainted with Levering's Pocket Electric Vaporizer and recommend its use to reduce nasal congestion, improve drainage, and relieve irritated membranes. To those who have not yet seen it, here is a special offer. We will send postpaid, a complete professional set, consisting of vaporizer, batteries, and Levering's Nasal Vapor upon order.

**Send only
\$1.00 instead
of the regular
price of \$2.25.
Your money
will be re-
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satisfied.**



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St. Louis, Mo.

☐ I enclose One Dollar for the complete professional set of Levering's Pocket Electric Vaporizer and Vapor. ☐ Send literature only.

..... M.D.

Address

City State

for England and Wales to supervise the proposed physical training campaign are Dorothy Round, internationally famous tennis player; Lord Burghley, champion hurdler; W. W. Wakefield, former English Rugby captain; Lord Aberdare, former cricketer (the last three are all members of Parliament); and Viscount Dawson of Penn, physician-in-ordinary to the King.

CHILD BRIDES NO RARITY

DESPITE PUBLICITY given recently to the marriage of nine-year-old Eunice Winstead and Charlie Johns, of Tennessee, child marriages are no great rarity in America. Census Bureau records show 20,000 child brides of fifteen or under. Usually, nothing is heard of early marriages until some unusual development puts them in the news.

Of 4,506 wives under fifteen in 1936, including 167 widows and 96 divorcees, the East South Central states had the most—1240; the South Atlantic states were next with 1053. Seventeen states had more than a hundred youthful brides each, Texas leading with 393.

Children born to juvenile wives are scarce, but there are cases of eleven-year-old mothers.

ENGLAND'S REAPER

ENTHUSIASM BROKE through the traditionally phlegmatic exterior of the British Registrar General when he reported recently that the 1935 death rate in England and Wales was the lowest on record, 11.7 per thousand. Yet even that rate, achieved under compulsory health insurance, does not measure up to the U. S. rate of 10.9 for the same year.

SUCCOR FOR SPAIN

SCARCELY HAD the medical expedition sponsored by the medical bureau of the American Friends of Spanish Democracy (see February issue, page 46) arrived in Spain when Dr. Edward H.

Not only for **BURNS**



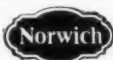
THE antiseptic and soothing properties of Unguentine are not limited to the treatment of burns. Unguentine is an all-purpose surgical dressing . . . powerfully antiseptic, germicidal, analgesic, antiphlogistic.

Parahydracin (*anhydro-para-hydroxy-mercuri-meta-cresol*), the active antiseptic ingredient in Unguentine, is non-toxic, non-irritating, and effective in the presence of serum and other organic matter.

Unguentine remains in prolonged contact with the wound, sustaining its antiseptic action, safeguarding against reinfection, promoting healing—usually without scar.

Sample free to physicians on request.

THE NORWICH PHARMACAL CO.
BOX ME 23. NORWICH, NEW YORK



Unguentine



**For Sustained
Antiseptic
Contact**

MEDICAL ECONOMICS • MARCH • 129

Barsky, chief surgeon of the medical corps of sixteen doctors, nurses, and ambulance drivers, cabled, "Immediate reinforcements are absolutely necessary." Dr. Barsky's message served to intensify efforts to round up additional medical supplies and personnel with which to establish a complete American base hospital in Spain. At this writing, a second expedition is scheduled to leave New York on March 1st. It is expected to include supplies for a 200-bed hospital, an immunization corps (proposed by Dr. Bela Schick), a Benjamin Franklin Ambulance Corps made up of Philadelphians, and an American Artists and Writers Ambulance Corps under the joint sponsorship of the League of American Writers and the American Artists Congress.

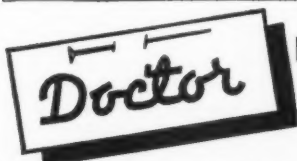
Among the bright stars of the dramatic and literary firmament who are lending support to the Artists and Writers Ambulance Unit are Ernest Hemingway, Sinclair Lewis, George S. Kaufman, Edna Ferber, and Upton

Sinclair. Thanks, in part, to their efforts, it is expected that about twenty ambulances, fifteen surgeons, 45 nurses, and, literally, tons of material will be sent to Spain to round out the projected American Base Hospital. Paul de Kruif has linked arms with Hemingway, Lewis, *et al* in their avowed purpose of dipping into the Spanish fray "to preserve world culture by preventing it from disappearing into the Nazi darkness of the Middle Ages."

THINK RIGHT, FEEL RIGHT

TO TREAT emotional illness, Dr. Joseph H. Pratt, professor of clinical medicine at Tufts College, has opened a clinic at the Boston Dispensary. Once a week his "thought-control class" receives mental treatment, suggestion, and re-education to dispel ills and pains caused by wrong thinking.

Basic tenets of the class: Joy is a good stimulant to insure a healthy



No successful doctor should allow outmoded professional furniture to cast any reflection on his professional standing. And such may be the case if your treatment room is equipped with furniture which should have been discarded years ago. Make sure that your professional furniture measures up to your professional standing. Ask your dealer about Hamilton Modern Medical Furniture, or write for descriptive literature.

Does Your Professional Furniture Truly Reflect Your Prestige?



No. 9471

Illustration shows Nu-Classic No. 9471 Table... very attractive... adjustable... plenty of drawer space... treatment drawers at foot end. Price \$145.00. Slightly higher on East and West coasts.

HAMILTON
Modern Medical Furniture

HAMILTON MANUFACTURING COMPANY

Two Rivers, Wisconsin

Dept. M-3-37

I'd like to learn more about Hamilton Modern Medical Furniture. Please send me full information.

Dr.

Address State

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SEDATION OR HYPNOSIS?

Merely Adjust the
Dosage
of This Rational
Formula

The composition of Bromidia — potassium bromide, chloral hydrate, ext. hyoscyamus, and ext. cannabis — permits flexibility of administration to suit individual needs. When given in one-half or one dram doses, Bromidia exerts a well-defined sedative action, effectively controlling emotional distress and mild psychic upheavals. In two dram doses upon retiring, Bromidia produces refreshing and sound sleep, which is rarely followed by headache or drowsiness. Because it is a liquid, Bromidia may be given in exactly the doses indicated, and the patient is not required to take an inflexible quantity of medicament, which may be too small or too large. * * * Samples of Bromidia for clinical trial, and literature, sent to physicians on request.

BATTLE & COMPANY
St. Louis, Mo.

BROMIDIA
(BATTLE)

state, while fear, anger, and sorrow make for physical ailments; bad emotional habits cause common personality disorders such as hysteria and neurasthenia.

Says Dr. Pratt, "The outward expression of emotional reactions, the result of bad habits of feeling, often resembles that produced by organic disease. Pain anywhere, including the teeth, may be caused by hysteria. After new habits of thoughts are formed, the patient usually is quickly cured."

FREE-CHOICE INSURANCE

IN AN attempt to guarantee free choice of physician to patients of all classes, a bill has been introduced in the Wisconsin legislature which would make it illegal for any relief agency, relief worker, employer, or insurance company representative to influence an injured or sick person's selection of a physician. Violators would be subject to a fine of from \$50 to \$100, or a jail sentence of thirty to sixty days, or both. Life insurance companies with regular examiners would be exempt.

OXYGEN ON HIGH

FLIGHT SURGEON E. H. Padden, of United Air Lines, has completed a series of tests in his flying laboratory which establish dehydrated oxygen as an ideal pick-me-up at altitudes of more than three miles above sea level. At 17,000 feet, without the administration of oxygen, the simplest problems in arithmetic and grammar proved brain-twisters to four subjects recently. A whiff of the gas at 18,000 feet and all the answers came out right.

At 20,000 feet oxygen starvation again dulled sensory reactions and interfered with physical coordination. Increase of the oxygen supply immediately restored physical and mental powers to normal.

Operators of the airline claim that these experiments have routed the bugaboo of anoxemia at present flight

Gelatinized Milk

SCORES IN INFANT FEEDING TESTS

A preliminary study conducted in the Department of Pediatrics of a prominent Eastern University was made with three groups of infants (fifty babies in each). The study was intended to duplicate the usual type case as seen by the practicing physician such as vomiting, constipation, and other disorders relating to the digestive system.

To determine any differences between cow's milk, lactic acid milk, and gelatinized milk* was the purpose. The results as reported (Archives of Pediatrics January-February 1937) are:

1. Infants fed gelatinized milk appeared to be less susceptible to infections, especially upper respiratory infections, than those fed acidified or cow's milk.
2. The occurrence of diarrhea was less frequent in the gelatinized milk group and acidified milk group than in the plain milk group.
3. The group of infants fed gelatinized milk had a better rate of gain than those groups fed acidified milk or plain cow's milk.
4. Vomiting and "appetite poor" symptoms among the infants were obviated or showed improvements when fed gelatinized milk in contrast to the feeding results of the other groups which showed little change.
5. The infants in the gelatinized milk group had more favorable results than the acidified milk group or cow's milk group in relation to constipation.

* [One or two per cent of Knox Gelatine was added to the formula water which had been boiled and cooled. The gelatine was softened ten minutes before being added to the milk of the formula.]



KNOX SPARKLING GELATINE

KNOX GELATINE LABORATORIES
448 Knox Avenue, Johnstown, New York

Kindly send me a copy of above-mentioned report. Include a sample of Knox Gelatine for me to try.

Name
Street
City State

levels (8,000 to 10,000 feet). However, the company will continue to study mass distribution of oxygen in large aircraft in case tomorrow's transport Lindbergs decide to go in for really high flying.

SPIKING MALPRACTICE SUITS

A BILL now being fostered enthusiastically by the committee on legislation of the Washington State Medical Association would change the statute of limitations on malpractice suits to two years. Fee suits in Washington are outlawed in three years. The proposed statute would, therefore, leave the way clear after two years for physicians to sue for non-payment of fees without running the risk of inspiring a malpractice suit as defense.

HEALTH OFFICERS ASSAYED

A GROUP of public health administrators in concert with the United States Conference of Mayors has undertaken a system whereby cities of

all sizes will be able, it is said, to avail themselves of the best public health officers solely on the basis of merit. Progenitors of the plan hope to blast the concept that "a mayor's family doctor makes a good health commissioner."

A qualifying board for public health officers has been set up to study ways and means of creating a clearing house which will make it possible for physicians interested in a public health career to place their qualifications before the mayors of various cities throughout the country. The board includes Drs. Allen W. Freeman, dean of the school of hygiene at Johns Hopkins University; Wilson G. Smillie, professor of public health administration at the Harvard School of Public Health; Huntington Williams, Baltimore commissioner of health; John L. Rice, New York City commissioner of health; and Joseph W. Mountain, U. S. Public Health Service surgeon, who has

Calmitol

Experience Proves It

Treatment of many Itching and Irritating Skin Affections as well as ultimate recovery is often seriously complicated by a tormenting itching.

CALMITOL quickly soothes and quiets the condition allowing the physician's treatment to exert its maximum efficiency. Excellent for Pruritus, Eczema, Athlete's Foot, Chicken Pox Itch, Simple Acne, Varicose Ulcer, Jigger and Mosquito Bites.

Liquid • Ointment • Suppositories

SAMPLES AND LITERATURE UPON REQUEST

THOS. LEENING & CO., INC. • NEW YORK

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Gastric Hyperacidity

In the relief of gastric hyperacidity, *speed* is essential—Cal-Bis-Ma provides it. The neutralizing effect should be *prolonged* so as to prevent secondary acid rise—again Cal-Bis-Ma takes care of that. The irritated gastric mucosa should be soothed and protected from further irritation—that, too, is an important mission of Cal-Bis-Ma. Send for a trial supply and descriptive literature.

CAL-BIS-MA

WILLIAM R. WARNER & CO., Inc.
113 WEST 18TH STREET . NEW YORK CITY

Cal-Bis-Ma (powder) is supplied in tins (with removable label) containing 1¾ and 4 ounces and one pound. *Tablets*, in bottles of 110.

CAL-BIS-MA-CAL-BIS-MA-CAL-BIS-MA-CAL-BIS-MA

Prolonged IODINE MEDICATION WITH THE UNDESIRABLE FEATURES MINIMIZED

In chronic cases which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE (ASTIER)

With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

Write for Information and Sample
ME-R

GALLIA LABORATORIES, Inc.
254-256 W. 31st Street New York

PRESCRIBE NEO-EFEMIST (HART) *The Silver containing Ephedrine Solution*



Combines the advantages of Silver Protein (mild) and Ephedrine Sulphate in an agreeable aromatized preparation.

Send for
Complimentary
Bottle—
TODAY

HART DRUG CORP.,
35 S.W. 2nd St., Miami, Florida

Please send me complimentary bottle of
Sol. NEO-EFEMIST (Hart).

.....M.D.

been appointed chairman.

The board will set up headquarters in Washington. It expects soon to have formulated a complete list of available qualified public health officers throughout the country. That list will be submitted to all cities.

INSULIN VS. INSANITY

PSYCHIATRISTS at the recent joint meeting of the New York Neurological Society and the Section of Neurology and Psychiatry of the New York Academy of Medicine displayed marked interest in the insulin treatment for dementia praecox discovered by Dr. Manfred Sakel of Vienna. In several hundred cases treated since 1928 by the repeated production of insulin shock, Dr. Sakel reports a vast improvement, if not complete cure, of schizophrenia. Only five patients died as a result of the profound hypoglycemia induced.

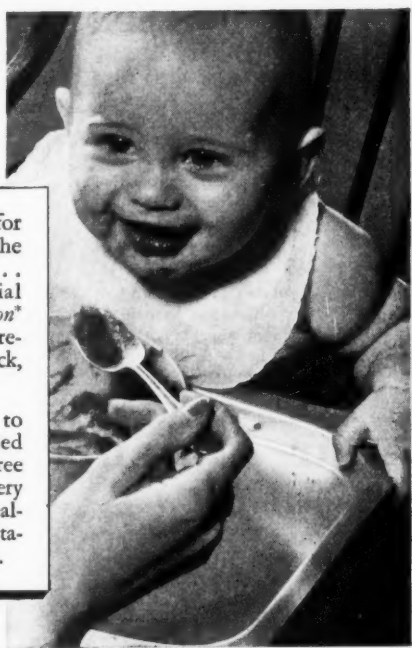
Like many great discoveries, Dr. Sakel's is partly the result of a lucky accident. He first observed the personality changes brought about by insulin shock in experiments to combat morphine addiction by counteracting excessive adrenalin in the blood. It is said that if further tests confirm the value of the Sakel method, it will offer new hope of curing almost half the inmates of insane asylums in this country. It is said to have been tried with encouraging results by Dr. Bernard Glueck, medical director of Stony Lodge, Ossining, New York; by Dr. Joseph Wortis, of the psychiatry departments at Bellevue Hospital and New York University Medical College, New York City; and by Drs. John R. Ross and W. B. Cline, Jr., of the Harlem Valley State Hospital, Wingdale, New York.

FINANCIAL MÉSALLIANCE

"THUMBS DOWN" is the verdict of the Wisconsin State Medical Society on joint finance and collection schemes. A resolution just adopted by the house of delegates forbids member physicians to share in any plan which com-

SCIENTIFIC TESTS SHOW LIBBY'S BABY FOODS

*are safer
for infants
in 2 ways..*



1. They are far easier for infants to digest than the finest strained foods . . . because Libby's special method of *homogenization** breaks up food cells . . . releases nutrients for quick, complete digestion.

2. They make it easier to provide a well-rounded dietary . . . because three foods are included in every tin, to give a better balance of minerals and vitamins than single foods.



6 Special Combinations

- No. 1 Peas, beets, asparagus tips
- No. 2 String beans, pumpkin, tomatoes
- No. 3 Carrots, spinach, peas
- No. 4 Cereal combination...whole milk, whole wheat, soy bean meal
- No. 5 Prunes, pineapple juice, lemon juice
- No. 6 Soup . . . vegetables, chicken livers, barley

*An exclusive Libby process that completely breaks up cells, fibers and starch particles, and releases all nutriment for easier digestion. U. S. Patent No. 2037029.

Summary of Research

An interesting series of bulletins summarizing recent developments in the field of infant nutrition is now ready for doctors. Mail coupon today for these informative studies.

Copr. 1937, Libby, McNeill & Libby, Chicago

Libby, McNeill & Libby, Dept. ME-3, Chicago

Please send me a copy of the bulletins described above; also summary of other clinical and laboratory research on Libby's Baby Foods.

Name

Address

City..... State

bines the collection of accounts with the loan business. It holds that physicians who participate in high-interest loans which raise the cost of service to the patient commercialize the profession and forfeit public confidence and respect. That attitude has the support of the Wisconsin banking commissioner.

The Wisconsin State Medical Society has also gone on record in favor of unrestricted choice of physicians in medical service plans. Any practitioner desiring to enter into an agreement which fails to allow free choice is required to obtain the approval of his county medical society or face expulsion.

ETHICAL ADVERTISING

THE MEDICAL SOCIETY of the County of Queens (New York) has announced its decision to fight quackery by borrowing one of the latter's most effective weapons—publicity. As a first step, it will publish paid advertise-

ments in local newspapers, listing the names and addresses of all members in good standing. The state medical society has approved the innovation, declaring that it considers such publication "entirely in keeping with the principles of professional conduct."

NEBRASKA EYES EUTHANASIA

NEBRASKA's new unicameral legislature may soon tangle with the question of euthanasia. A recent poll of the American Institute of Public Opinion showed that 46% of the general population and 53% of physicians favor so-called mercy deaths (see February issue, page 98). But no other legislature, it is believed, has faced the issue.

The contemplated Nebraska measure would establish district judges as euthanasia referees. Any adult sufferer from incurable, painful disease could apply for a "merciful death." A commission of two doctors and a lawyer would recommend what should

Your Patients' Confidence is enhanced by your equipment



The "DIRECTOIRE" table. Note the features that make it quickly adaptable to every use. For our complete line of fine furniture write for the ALLISON catalog.

W.D. ALLISON CO.
PHYSICIANS' FURNITURE
Indianapolis, Indiana

Progressive physicians recognize the importance of equipment that gives greater convenience—more comfort to their patients and beauty to their office.

ALLISON answers these needs with furniture that has an inbuilt quality for enduring satisfaction and service.

ME-3
W. D. Allison Co., Indianapolis, Ind.

Please send me your catalog, showing newest style office furniture.

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P.S. Campho-Phenique ap-
plied to minor burns is soothing
and efficient. Try it.

XUM



NOBLE WORTH, M. D.
PLAINVILLE, ILLINOIS

Dear Son:

Your kid brother had another accident. Not so bad this time, but still, bad enough. I do believe the demon misfortune just follows Charles around.

Sunday of last week, while riding his bicycle, he slid down our front terrace, striking the curb. Result, excoriations on both legs and a linear cut about one inch long above his right eye. The laceration I pulled together with two clips. Then gave him a prophylactic injection of tetanus antitoxin. The abrasions I cleaned with Campho-Phenique Liquid and instructed him to swab them with this solution three times a day. No bandage. Like it always does, Campho-Phenique kept the abrasions clean and soft. They healed rapidly.

Yesterday, he developed a delayed serum disease with urticaria. Campho-Phenique Powder applied to the hives relieved the itching immediately and kept him very comfortable. Today he is symptom free.

We played bridge at Aunt Ida's last night. Listen to this hand I caught. I dealt and found the A. Q. to six clubs; A. Q. to 5 spades; J. x of diamonds. I bid one club. Martin on my left bid two hearts and Aunt Ida bid three diamonds. When your mother doubled

CAMPHO PHENIQUE COMPANY
500-502 N. Second St., St. Louis, Mo.
Gentlemen: Please send me sample of
Campho Phenique.

Address _____

City and State _____

USE THIS COUPON

ME-3

M.D.

BIOLOGICAL SOLUTIONS

Stable Colloidal Gold Solution for Lange's test in diagnosing syphilis, paresis, etc. A simple test that gives consistent and valuable results.

Note also the following solutions listed in our new Chemical and Drug Catalog. We will send separate pages on special Solutions when desired.

Bacteriological Solutions, 455-456

Bile Examination, 453

Blood Analysis, 416-437

Cerebrospinal Fluid Examination, 454-455

Feces Determination, 453-454

Kidney Functional Determination Test, 452

Liver Functional Test, 453

Sputum Examination, 452

Stomach Contents Examination, 452-453

Tissue Examination, 457-458

Urine Analysis, 432-448

In addition, Staining Solutions, 340-343

Any of the above pamphlets and other available information gladly sent on request.

EIMER & AMEND

Established 1851 Incorporated 1897

THIRD AVE., 18TH TO 19TH ST.
NEW YORK, N. Y.

be done. If death were advised, and then approved by the judges, the attending physician could administer the lethal stroke.

BUTTER VS. AUTO ACCIDENTS

AFTER TESTING several hundred persons, Dr. Harold Jeghers, of the Boston University School of Medicine, has come to the conclusion that drivers deficient in vitamin A are prone to night automobile accidents. As a result, a large group of motorists who find night driving difficult are now being studied to determine how many of them lack vitamin A. Dr. Jeghers claims that persons who consume insufficient butter, milk, and green vegetables are subject to night blindness; that traffic experts will be able to reduce the peril of motoring after dark by suggesting a proper diet to drivers who see too much of other people's headlights and not enough of their own.

DOCTOR'S BILLS SAT ON

A NUMBER of Michigan physicians were unpleasantly reminded last month that they, as well as the General Motors Corporation, had been affected economically by the late, unlamented sit-down strike. To the council of the Wayne County (Detroit) Medical Society, the relief committee of the Chevrolet Gear and Axle Division of the G.M.C. addressed this appeal:

"Thousands of industrial workers in General Motors plants throughout the county have been idle . . . with their compensation cut off, because of circumstances entirely beyond their control . . . So far, this committee has contacted the Detroit City Gas Company, the Detroit Edison Company, the Michigan Bell Telephone Company, the Metropolitan Milk Dealers Association, all banks and trust companies, and all credit houses. They have all agreed to extend leniency until the men are in a position to

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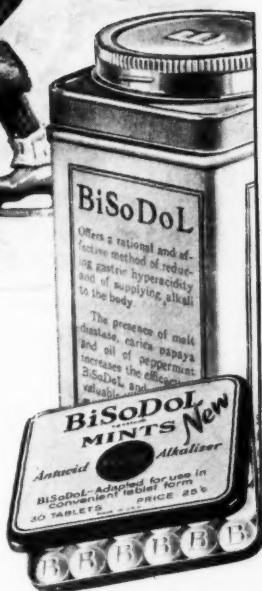
Balance



All physicians know that both local and general anaesthetics tend to lower the alkali reserve of their patients.

BiSoDol constitutes an ideal pre- and post-anaesthesia mepication for the restoration of alkaline balance.

THE BiSoDol COMPANY
New Haven, Conn.



Made in Two Forms: BiSoDol Powder BiSoDol Mints

resume normal payments on their accounts.

"A great many of the men have doctors' bills. We, therefore, respectfully request your honorable body to consider similar action by the physicians of Wayne County in cooperating with and assisting these employees."

FOR FATHERS' SAKE

EXPECTANT SIRES are to have a special room for floor-pacing in the new San Francisco Hospital now under construction. It is reported that they will be able to alternate their nervous wanderings with worried perusal of reading matter designed to prepare them for "The Future Care of the Baby, Particularly as to Bathing and Dressing."

AVENUE TO STATE MEDICINE

A DECIDED MOVEMENT toward the establishment of state medicine on a nation-wide scale will result from the present federal revenue act. Thus,

the Washington *Times* sums up opinions garnered during a recent survey among local business men, bank officials, hospital authorities, and social agency directors. The act imposes a heavy tax toll on the net amount received by charitable institutions named as residuary legatees. The *Times* survey elicited a number of comments similar to the following:

"Taxes on big estates amount to confiscation. Consequently, we find that persons, though reluctantly, are forced to let charities shift for themselves."—Bruce Baird, vice president of the National Savings and Trust Company.

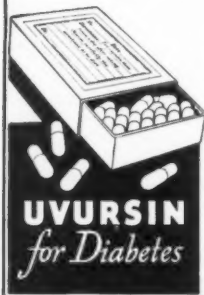
"A continuation of our present forms of taxation means only that charities will suffer. The state will have to take care of them."—Ord Preston, president of the Union Trust Company.

A striking example of the effect of recent amendments to the federal revenue act is the codicil added to the

Dissatisfied DIABETIC Patients Will Welcome **UVURSIN**

... And you will welcome
an opportunity to test, in an actual, troublesome case,
the efficacy of this oral treatment for diabetes.

There is no charge for a trial treatment sufficiently large to show clinical improvement. Mail the coupon today.



ORAL · INNOCUOUS · EFFICACIOUS
Prepared for Prescription Purposes Only.

John J. Fulton Company,
88 First St., San Francisco, Calif.

Please send me a free 27-day trial package of UVURSIN with instructions for use.



Dr. _____

Street _____

City _____ State _____



FOR HER BABY, RECOMMEND STRAINED FOODS BEARING—

1.  A SEAL YOU VALUE HIGHLY
2.  A SEAL SHE UNDERSTANDS

Every day, an increasing number of doctors give their active recommendation to Heinz Strained Foods for infants and soft diet cases.

One reason is that Heinz Strained Foods bear the Seal of Acceptance of the American Medical Association's Council on Foods. This means that they have been carefully investigated and officially accepted by your exacting profession.

Secondly, Heinz Strained Foods bear the famous "57" Seal of Quality. For over 50 years women have looked to this insignia as a hallmark of pure, safe and wholesome foods. They have never been disappointed.

Recommend strained foods that have *both* the backing of your official body and the high esteem of experienced housewives and mothers throughout America. Suggest *Heinz Strained Foods!*

HEINZ STRAINED FOODS

11 KINDS—1. Strained Vegetable Soup. 2. Mixed Greens. 3. Spinach. 4. Carrots. 5. Beets. 6. Peas. 7. Prunes. 8. Cereal. 9. Apricots and Apple Sauce. 10. Tomatoes. 11. Green Beans.

Recommended
FOR
Treatment of

- IMPOTENCE
- INFANTILISM
- ERECTILE WEAKNESS
- PREMATURE SENILITY
- DELAYED PUBERTY

Endo
VIROSTERONE

[Standardised Male Sex Hormone Natural]
The administration of VIROSTERONE is aimed at the restitution of deficient internal secretions of the testicles, and also the stimulation of sexual nervous centers.

VIROSTERONE represents the active male hormone standardized in terms of capon units in accordance with the method of Gallagher and Koch. Each capon unit represents the equivalent activity of approximately 60 Gms. or 930 Grs. of fresh testicular substance.

Supplied in 1 c.c. Ampoules. Each c.c. representing 1 Capon Unit. Packages of 6, 12 and 25 ampoules.

ENDO PRODUCTS, Inc.

395 FOURTH AVE.

NEW YORK

DERMATOMYCOL

for treatment of

RINGWORM INFECTIONS

A specific polyvalent vaccine prepared from 325 strains of fungi. Inject intramuscularly.

DERMOTRICOFITIN

FOR SKIN SENSITIVITY TESTS

A reliable diagnostic agent to be applied intracutaneously.

ERNST BISCHOFF COMPANY
135 HUDSON STREET, NEW YORK

will of the late Jesse I. Straus, former ambassador to France. As already mentioned in MEDICAL ECONOMICS (November issue, page 122), Mr. Straus revoked a bequest of more than \$1,000,000 which he had planned to make to various philanthropic institutions. The codicil declared, in part: "The present federal and state estate tax laws... cause undue hardship, financial sacrifice, and loss . . . The increased estate taxes upon the estates of decedents are devoted in large part to governmental social programs. Under the circumstances now existing, I deem it advisable to cancel and revoke the bequests made by me . . ."

MEETINGS MADE DRAMATIC

THE ITALIAN MEDICAL CENTER of New York City plans to take a hint from the stage in the conduct of its scientific sessions. Instead of lecture presentations, short dramatic sketches will enliven its programs. If diagnostic methods are under consideration, for example, the scene will be laid in a doctor's office or in a hospital, and the "star" will go through the procedure by which he arrives at his conclusions in actual practice.

Should discussion be in order, the participants will be invited in as consultants and will analyze the situation with the family physician or surgeon as in real life. These medical Thespians feel sure they have a better chance of keeping their audiences awake by acting out a paper than they have by reading it.

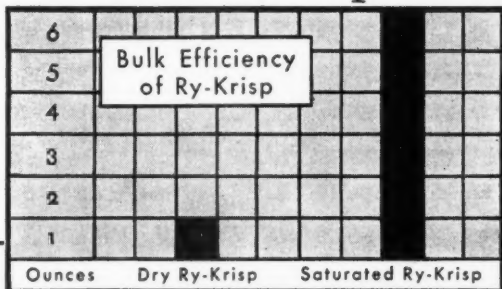
DOCTOR GETS RETAINER

LIKE A NUMBER of other villages throughout the country, Petersham, Massachusetts has been accustomed to providing an annual stipend to help its local physician exist since income from private practice there is quite inadequate. A short while ago, however, due to some miscarriage of its financial machinery, Petersham was

CAN YOU BLAME A PATIENT

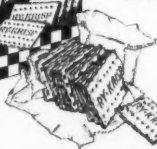
for preferring Ry-Krisp
as a corrective for

Common Constipation?



Since this delicious food—which children and grown-ups are glad to eat—as crackers, toast and bread—will also act as a natural corrective—the effectiveness of the diet you prescribe is doubly insured when you suggest Ry-Krisp Whole-Rye Wafers.

As the chart indicates, Ry-Krisp is capable of absorbing five times its weight in water. Thus these wafers—plus the meal's ordinary quantity of liquid—produce bulk to stimulate peristaltic action. Made of whole rye, salt and water, they also provide a high percentage of bran—high pentosan and crude fiber content—all encouraging to normal bowel action.



For Free Samples and the Research Laboratory Report on Ry-Krisp—use the coupon below.



RALSTON PURINA COMPANY

Dept. ME, 1853 Checkerboard Square, Saint Louis, Mo.

Please send me, without obligation, samples of Ry-Krisp and a copy of the Research Laboratory Report on Ry-Krisp.

Name _____ Address _____

City _____ State _____

(This offer limited to residents of the United States and Canada)

unable to pay Dr. Leon Hagopian's retainer. Since he and his family could not keep body and soul together without aid from the village coffer, therefore, Dr. Hagopian decided to depart for potentially greener fields. But to the surprise of everyone, just as he made his announcement of withdrawal, the will of Mrs. Elizabeth Flint was filed for probate. She had left \$10,000 "to insure the residence of a worthy, competent physician at Petersham."

FEE CURB IN NICARAGUA

NICARAGUAN PHYSICIANS will no longer be able to set their own fees if the congress at Managua passes a bill now before it. As a result of complaints of excessive charges by some practitioners, the following fee schedule has been proposed: one to five cordobas (cordoba = 50c) for consultations and hypodermic injections; fifty centavos (25c) extra for every 500 meters traversed to make a house call

in the same city; five to twenty cordobas an hour for calls outside the city; and 25 to 150 cordobas daily for out-of-town service requiring a physician to remain away from his office for a day or more.

STORK LAX, DEATH BUSY

STATISTICAL RETURNS from 34 states have informed the Metropolitan Life Insurance Company that the nation's 1936 birth rate sank to a record low—five per thousand. Last year's death rate, according to the same source, was a little higher than for any year within the past five. The increased mortality rate is ascribed to the "intensely cold weather last winter, and to a summer characterized by widespread drought and protracted heat."

OPTICAL CONFUSION

POSTAL INSPECTORS have dealt what they hope will prove a knock-out blow to the so-called eye game recently publicized (October issue, page 136).

for **EFFECTIVE** iodine therapy prescribe **SYRUPUS ACIDI HYDRIODICI** **GARDNER'S**

Since 1878 GARDNER'S Syrup of Hydriodic Acid has been the accepted therapeutic agent of choice for those conditions in which iodine therapy is conceded to be of value.

Indications include: pneumonia and other pulmonary affections, common colds, la grippe, bronchitis, pharyngitis, laryngitis, rheumatism, goiter, glandular enlargements, pertussis, infections.

Each fluid ounce contains 6.66 grains of pure, resublimed iodine which is acid in reaction and produces all the constitutional effects of iodine with none of the unpleasant secondary symptoms which attend the use of potassium iodide.

TO PREVENT SUBSTITUTION AND INSURE DISPENSING OF THE GENUINE PRODUCT—SPECIFY "GARDNER" in original bottles of either 4 or 8 ounces.

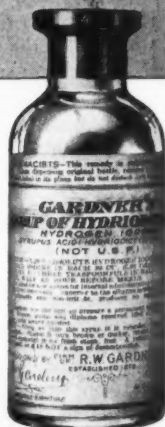
Samples and literature sent to physicians only and upon receipt of their card or letterhead.

Firm of R. W. GARDNER

ORANGE

Established 1878

NEW JERSEY



WE THINK
YOU WILL
BE
INTERESTED
IN THIS LETTER
FROM A PHYSICIAN
...WHO IS A WOMAN

[Redacted]
[Redacted]
[Redacted]

September 26, 1936

Tampax Incorporated
Dept. ME-9
New Brunswick, N.J.

Gentlemen:

The sample package of Tampax which I requested arrived and I have tried it out. It is by far the best thing of the kind that I have ever come across, and is a great improvement in menstrual protection. The applicator is a decided advantage.

Please send me one dozen more of these packages and the name of a druggist in this city who carries Tampax.

Each year I give three lectures on sex hygiene in a nearby High School and one of the commonest questions asked me is concerning the use of an insertion type protector. The others that I tried, I had to accept with reservations. Tampax I shall be only too glad to recommend to these students and also to their teachers, as well as to patients and other women who question me on the subject.

Thanking you for the sample and for your attention to my order, I remain

Very truly yours,

[Redacted Signature]

P.S. If my recommendation is of any value to you, you are welcome to use it, provided my name is omitted.

TAMPAX is a tampon, worn internally, adapted and perfected for regular menstrual use. The wearer is unconscious of its presence. Binding belts, the discomfort of pins and pads, chafing, are eliminated. Odor is reduced to the minimum, since Tampax prevents its formation.

We feel confident that you can recommend Tampax for all cases of normal menstruation, exceptions being those infrequent cases of intact hymen in which the opening is too small to accommodate Tampax.

EXCLUSIVE ADVANTAGES OF TAMPAX

1. Each Tampax comes in its own applicator (complete in an individual sealed wrapper) assuring easy, hygienic insertion.
2. The tampon is made of highly absorbent surgical cotton, compressed by a patented process to one-third its original size... so that while insertion is simplified, the tampon expands when moist and can absorb approximately $1\frac{1}{2}$ ounces. (The average menstrual flow during the entire period is from five to seven ounces.)
3. Tampax will not disintegrate.
4. A cord is sewed securely through the cotton, assuring easy and complete removal.

free—
TO PHYSICIANS

We will be glad to send to interested physicians a full-size package of Tampax, together with a folder giving more complete details. Address Dept. ME-9.

TAMPAX Incorporated NEW BRUNSWICK, N. J.

RESULTS THAT INDICATE THE MOST EFFICIENT TREATMENT OF GONORRHEA

- relief of pain and irritation
- restriction of infection
- checking of chordee
- reduction of discharge
- soothing of inflammation

The palliative, *oral* treatment of gonorrhea, provided by GONOSAN "Riedel"—combined with mild, *local* measures—is the ideal therapy in allaying inflammation and fortifying the natural resistive powers of the urethral tissue. The sedative, anodyne, mildly antiseptic balsams contained in GONOSAN greatly stimulate reparative processes.

GONOSAN

"Riedel"

GONOSAN "Riedel" is a combination of purest East Indian Sandalwood Oil and Kava-Kava resins. Its use greatly reduces possibility of complications. Prolonged administration produces *no* renal irritation.—**FREE TO PHYSICIANS:**—Send for free pad of "*General and Dietary Instructions*" for patients to be given at time of treatment. These instructions insure cooperation of patients in carrying out professional advice.

RIEDEL & CO., Inc.

BERRY and SO. FIFTH ST., BROOKLYN, N.Y.

Two members of a ring which has victimized elderly people for the past twenty years have been sentenced to ten years each by the circuit court of Southampton County, Virginia. Nine other defendants are on trial in Milwaukee.

Bogus eye specialists are said to have netted \$1,000,000 a year from a glorified eye wash sold as "radium drops" and from the rental of "radium belts" without the slightest trace of radium. Often they mulcted the same victim twice, selling a "radium belt" for "cancerosis" after they had cured an imaginary cataract with the "radium drops."

Originally these fake oculists worked the country districts. Of recent years they had discovered that city people are as eager as ruralites to pay for the privilege of being fooled.

Then the Post Office Department stepped in. Checks sent through the mail furnished a pretext for the federal intervention which has definitely hampered, if not stopped, the racket.

GOOD-BYE QUARANTINE

THERE WILL be no more tedious delays at quarantine for passengers eager for a close-up of New York City's skyline. Under a plan recently approved by Surgeon General Thomas Parran, Jr., ships from acceptable ports may now proceed directly to their berths if their own physicians give them a clean bill of health. Most of the large steamship lines have wholeheartedly endorsed the new plan which will prevent costly delays in docking.

If the privilege is not abused and ships' physicians live up to their increased responsibilities, Surgeon General Parran predicts an extension of the system to other ports. Both he and Dr. John L. Rice, New York City's commissioner of health, deny that there is any danger in the new arrangement.

Certain cargo ships—notably those carrying parrots and rat-harboring freight, as well as other vessels that

MAKE THIS TEST IN YOUR OFFICE

See ALL-BRAN absorb water like a sponge

HERE'S a test you can make in a few minutes. It will convince you that Kellogg's ALL-BRAN acts, in the intestinal tract, much like a water-softened sponge.

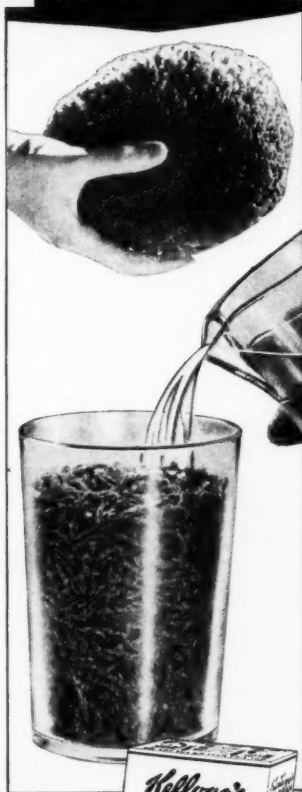
Just fill a glass four-fifths full of ALL-BRAN. Pour water up to the brim of the glass. Let it stand for about fifteen minutes, and drain off the water. Feel the water-softened mass. It's as soft as a wet sponge.

Laboratory tests* show that ALL-BRAN absorbs at least twice its weight in water. Within the body, this softened "bulk" gently exercises and cleanses the system.

In addition to generous "bulk," ALL-BRAN supplies vitamin B, needed for intestinal activity, and iron for the blood. This natural food is more satisfactory than the continued use of pills and drugs.

ALL-BRAN may be enjoyed as a cereal or cooked into recipes. Sold by all grocers. Made and guaranteed by Kellogg in Battle Creek.

*Tests made by Samuel P. Sadtler & Son, Inc.,
Analytical Chemists, Philadelphia, Pa.



Serve *Kellogg's* ALL-BRAN
regularly for regularity

have made recent calls at infected ports—still have to drop anchor at quarantine for personal inspection by Uncle Sam.

CAREERS AND SPINACH

IF THE FUTURE PLANS of seniors at Yale University since 1932 are indicative of those entertained by collegians throughout the country, the various professions will be less crowded as time goes on. A study of the careers selected by Yale seniors during the past five years reveals that a steadily decreasing number have chosen to enter graduate and professional schools. That change has been accompanied by an increasing tendency to step off in the direction of business and industrial employment upon graduation.

Another survey, recently completed by the Children's Welfare Federation, which probed the preferences of some 10,000 children, shows that 19% of the boys studied are eager for a career as newspaper men; 17% hope to be

aviators; 11%, lawyers; and 8%, physicians. Among the girls, 2% want to be physicians; 11%, nurses. The federation's study would seem to indicate that children do not need the example set by Dr. Kakuji Yoshida, of Tokio, who for six years has eaten more than three pounds of spinach a day. Both boys and girls rated spinach as the second most acceptable vegetable. Potatoes took first place.

DE KRUIF'S LATEST PIBROCH

WITH FULL-PAGE ADS in leading metropolitan dailies, the *Ladies' Home Journal* has launched Paul de Kruif's latest medical article for lay consumption. It appears in the March issue and is titled, "The New Weapon Against Infantile Paralysis." According to the ad, the article describes a great new laboratory advance in developing an effective preventive method against poliomyelitis. "In their experimental work in the laboratories," declares the *Journal*, "scientists have

Ergoapiol-(Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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Full formula and descriptive literature on request



Dosage: 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, visible only when capsule is cut in half at seam.

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Improving **STANDARD MEDICATION**

**By EFFERVESCENCE . . .
ALKALI BUFFERS**

Aspir-Vess . . . Aspirin with alkali buffers in an effervescent tablet. Secures increased palatability, greater tolerance, quick absorption, rapid effectiveness.

Bromo-Vess . . . The bromides of Potassium, Sodium and Ammonium in an effervescent tablet. Palatable, convenient, effective. Disguises the salty, bromide taste.

Cinsa-Vess . . . Alkali with antirheumatic medication. The antiarthritic agents—cinchophen, sodium salicylate, colchicine—in a palatable, alkaline, effervescent tablet. Effervescence, alkali—increases tolerance.

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MEDICAL ECONOMICS • MARCH • 151

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Effectively Relieved**

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SODIUM NITRITE COMP.

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One or two tablets three or four times
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Bring your office up to date with a
new Castle Sterilizer—the biggest
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Remember a Castle is leak-proof
because it is **CAST IN BRONZE**
and completely "Full-Automatic".
Write Wilmor Castle Co., 1143
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CASTLE STERILIZERS
50 Years of Quality Leadership

hit upon a common, harmless drug which—when expertly applied—seals the nerves of smell where they are exposed in the nose. And these exposed nerve ends, say the researchers, are the principal avenue through which the infantile paralysis virus can enter the body . . .

"How many of the 50,000,000 under 21 can be protected by the new preventive, expertly applied, before the plague hits? (The application can't be made too long in advance or the prevention may have lost its effectiveness—yet it should be early enough so the establishment of the 'blockade' will not be a frantic, last-minute effort.)

"Who will train the Blockade army? Mobilize it? How will the cost be met?"

"The Ladies' Home Journal believes the only force strong and determined enough to get this done—even partially—is the mothers. Doctors and competent nurses, specially trained in the application of the new preventive, must do the work. Journal mothers can only see that they have the organization, the training, the money."

LOVE BY X-RAY

COMBINING HUSBANDLY love with enthusiasm for medicine, a youthful Toronto physician observed St. Valentine's day by sending his wife an x-ray photograph of his own heart. A tender message plus an arrow pasted diagonally across the film satisfied tradition. Cupid, and the wife.

WHOSE CORPSES?

OKLAHOMA CORPSES have something to worry about. Dean Robert U. Patterson, of the Oklahoma University Medical School and head of the state anatomical board, faced the commissioners of Oklahoma County recently, saying in effect: "My school needs between 125 and 150 bodies a year for experimental surgery. The current average monthly supply of two un-

HYGEIA ANNOUNCES A NEW NIPPLE



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A very small ridge at the base of the nipple acts as a capillary valve, permitting air to enter the bottle. This prevents nipple collapse and

allows uninterrupted feedings. The new Hygeia valve has no crevices to collect dirt and germs. Specify the new Hygeia Nipple for more continuous and contented feeding.



Typical Hygeia magazine advertisement reaching 30,000,000 readers.

claimed indigent dead in Oklahoma County is woefully inadequate. It should be augmented with cadavers claimed by relatives or friends unable to afford burial."

The commissioners demurred, citing the \$20,000 burial fund appropriated annually by the county to underwrite the funeral expenses of indigent dead.

Dean Patterson then called attention to the state law which specifies that the Oklahoma University Medical School shall receive, for experimental purposes, all unclaimed bodies of persons who died in Oklahoma County. He added that "unclaimed" should be interpreted as meaning corpses to be buried at public expense.

Finally the commissioners agreed, after getting the attorney general's interpretation of the law. Now, however, neither the commissioners nor the school authorities are willing to shoulder the responsibility of taking corpses from poverty stricken relatives

and friends who, horrified by dissection, are certain to raise wrathful protests.

There the matter stands.

TO RUB OUT POLITICS

A SCHEME to place the Missouri State Health Department beyond the grasp of politics has been formulated by the U. S. Public Health Service on the basis of findings turned up during a several-months study. If the plan is adopted, future members of the state board of health will be appointed by the governor. However, their term will last for seven instead of four years. Only one member's term will expire each year. Since Missouri's governors may not succeed themselves, the greater number of board members would serve most of their term under an administration other than the one appointing them.

The selection of a state health commissioner would be taken from the governor and delegated to the board

Tompkin's Portable Rotary Compressor

*With New Improvements
At No Higher Cost*

The Tompkin's Apparatus, with new improvements—at no advance in price—continues to maintain leadership as the outstanding value in compressors. The apparatus is now furnished with a handsome light-weight metal top with a compartment for accessories. Finish is in the new popular optical gray.

The motor is quiet running and powerful. Compressor is connected direct to motor shaft with flexible couplings, no belts to slip; no springs or valves to get out of order. Screw-type tapered couplings are used for all hose connections—there can be no leakage of either positive or negative pressure; tubes cannot come off during operation.

Price \$82.50

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IN RESISTANT ARTHRITIS CASES

In resistant cases of arthritis an increasing number of physicians report unexpected success with Oxo-ate "B" after stepping up the dosage considerably, according to the tolerance of the patient.

And by prescribing the new size "Oxo-ate B 40's"—same price as the former 24's—you obtain a 66% saving for your patients in the cost of this proven antiarthritic.

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Eskay's Neuro Phosphates is of proven value in those conditions where a tonic is indicated.

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Feosol Tablets are the ideal form of ferrous sulfate—the standard iron therapy.

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Gripeless Laxative

Evacuation of the colon is effected through the smooth, soothing action of Evac-U-Gen. There is no disturbing of the digestion, either gastric or intestinal, and a normal stool may be effected within 8 or 10 hours if taken at night (4 to 6 hours if taken in the morning). Absolutely without gripe. The action is continued over a period of 3 to 4 days without repeated dosage, thus making it possible for the physician to regulate both dosage of Evac-U-Gen and diet in an effort to correct CONSTIPATION.

Do not Depress
Non Habit Forming
Results 8 to 10 Hours
Specific for Constipation
Ideal for Pregnant Cases
Safe for Nursing Mothers
No Danger from Overdosage
Increase Normal Secretions
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Normal Stool for Hemorrhoidals
Dose: One or two tablets at night or morning. Children one-half to one tablet according to age. To be chewed.

Literature on request.

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Dept. 3



of health. The net result is that the appointment of the chief executive of the state health department would be based on impartial choice rather than on political influence. His term of office would be unlimited, but the board would have power to replace him for cause. The plan also calls for the adoption of standard qualifications on which a board member's availability could be based.

PANELS RAPPED

THE FOLLOWING OPINION of Great Britain's health insurance system was delivered by Dr. F. S. Taylor-Thomas in a recent issue of the *British Medical Journal*: "What is the general practitioner in England today but a glorified first-aid man? Quack patients beget quack doctors. It is a question, from the general practitioner's point of view, of getting as many patients as he can on his list and getting the consultation over as fast as he can. Only by such means can a living be made. . .

"If these people who are patients had only to pay 3d. to see the doctor it would cut down England's drug bill by half. The medical curriculum, as at present existing, is not adapted to the conditions of practice. Panel practitioners do not need to be M. B., B. S., etc. Any intelligent nurse could run a panel practice successfully."

\$5 HOSPITALIZATION PLAN

A SPECIAL LOW RATE group hospitalization plan has been suggested by Dr. S. S. Goldwater, New York City's commissioner of hospitals. Estimating that the plan now operating in New York, which provides semi-private accommodations for a premium of \$10 a year, is within the reach of only 500,000 potential subscribers at the most, Dr. Goldwater declares, "If some plan could be put through by which persons paying possibly only \$5 a year would receive ward service [instead of

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FOR the relief of various throat affections common in winter many physicians regard Thantis Lozenges, H. W. & D., as one of the most useful agents.

THANTIS

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are helpful in the control of such infections because they reduce the number and viability of pathogenic organisms present. The lozenges contain two active ingredients—an antiseptic (Mero-dicein, H.W. & D., 1/8 gr.) and an anesthetic (Saligenin, H. W. & D., 1 gr.). Relief from soreness and irritation is provided by the action of these drugs on the mucous membranes of the throat and mouth.



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semi-private service], then we could subtract from 500,000 to 1,000,000 charity patients from the hospital load. If we can get the approval of the medical profession, this plan should be put into action within the next five years."

PHYSICIAN KIDNAPPED, SLAIN

DR. J. C. B. DAVIS, 67-year-old physician and leading citizen of Willow Springs, Missouri, left his home recently with a stranger to make a professional call. He did not return. A few days later his family received a ransom note demanding \$5,000. Then the physician's bag was found by a young farmer who ran through the snow in his barefeet to tell the authorities. A second demand was soon received.

Finally Robert Kenyon, 20, who seemed to know too much about the case, led police to a thicket where Dr. Davis' bullet-filled body lay. Vigorous cross-examination of Kenyon

by state police and G-men revealed his possession of a paper tablet covered with indentations duplicating the writing on the ransom notes. Kenyon, described as a moron, confessed the killing.

Later he claimed that the actual slaying had been done by a mysterious "night hawk" who forced him to do the kidnapping. The alleged murderer has had to be moved repeatedly to avoid mob violence by Dr. Davis' former townfolk, a good many of whom he brought into the world.

EMPHASIS ON PRESCRIPTIONS

"HAM ON RYE" will no longer be the call at New York's drug stores if a bill recently introduced in the state legislature is passed. The statute proposes to return apothecary shops to their original function of filling prescriptions instead of selling everything from model airships to rubber zebras. Druggists state that the bill would create havoc in their pro-

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•

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Its action is prompt and effective. PILKA contains no narcotics and is completely safe for patients of all ages.

It liquefies tenacious mucous and soothes the irritated membranes. It does not interfere with other medicinal agents which may be employed in the treatment of the patient's condition.

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Your card or letterhead will bring a free sample.

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TREATMENT SHOULD BE DIRECTED ACCORDINGLY!

● For the treatment of those multiple endocrinopathies which occur so frequently, Protonuclein affords a potent, stable polyglandular concentrate—representing the hormones of the seven principal endocrine glands, exclusive of the gonads. Protonuclein is a powerful leukocytic

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N. J., U. S. A.

ENDOCRINE THERAPY

fession, driving 85% of them out of business. However, Dr. James H. Kidder, dean of Fordham University's College of Pharmacy, has forecast that in 25 years drug stores will deal exclusively in individual prescription service and stop being department stores and restaurants.

Pharmacists themselves are campaigning to increase the volume of prescription business. A rise in druggists' income of \$100,000,000 a year is hoped for. The physician is being addressed through medical-journal advertising, the public by radio, and the pharmacist by advisory articles in trade journals. If every physician will

write only two more prescriptions per day than he does now, druggists claim, their business will be increased \$65,000,000.

HOSPITAL STRIKE FEVER

HOSPITAL EMPLOYEES, as well as dock hands and automobile workers, can go on strike, authorities of Israel Zion Hospital (Brooklyn) discovered last month. Ninety-six maintenance employees, porters, and kitchen workers "sat down" one day in protest at their living conditions; demanded recognition of their union and an allowance of \$15 instead of \$10 a month for quarters. Since all the strikers had been employed in caring for and feeding the staff, no patients were primarily affected.

Boris Fingerood, superintendent, said that the hospital board would "not discuss any conditions with any union or communistic party"; that a hospital, being neither a commercial nor an industrial concern, cannot permit itself to be governed by dealings with any organization; that his institution was unable to pay higher wages since 51% of its cases were charity; and that in comparison with neighboring hospitals' pay, Israel Zion ranked third.

But by evening a compromise was reached. The strikers were given the \$5 raise and assurance of freedom from punishment. In turn, they agreed to drop their demand for union recognition.

MEDICINE STARRED AGAIN

PLEASED WITH the dramatic and financial success of the "Story of Louis Pasteur," Warner Brothers have just released "Green Light," a screen version of Lloyd C. Douglas' best selling novel. It deals with a physician's struggle to conquer Rocky Mountain Spotted Fever. Starred are Errol Flynn, Anita Louise, Margaret Lindsay and, of course, the villain—*Dermacentor xenus rickettsi* Wolbach.



Ry Betasul for ACNE

Produces (1) epidermal exfoliation (2) a curative hyperemia (3) contraction of the follicles. Samples on request.
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CENTER-POISE
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VITAMIN REQUIREMENTS OF MAN

I. VITAMIN C

● Vitamin C is known to play an important role in human nutrition. Severe deficiency of this factor results in scurvy. It has been estimated by the Committee on Nutritional Problems of the American Public Health Association (1934) that the minimum daily intake of vitamin C (cevitamic acid) required to protect against scurvy increases from approximately 100 International units (5 mg. cevitamic acid) for the infant to 300 International units (15 mg. cevitamic acid) for the adult (1).

Vitamin C intake of this order of magnitude prevents the development of clinical scurvy, however, it is probably inadequate for optimum nutrition. Clear cut cases of scurvy seldom are seen in this country although some authorities believe that symptoms of a mild deficiency of vitamin C are not uncommon (2).

Referring to nutritional deficiency diseases in general it has been said that, "Almost every tissue in the body may be affected by a deficiency in a food factor" (3).

The tissues generally recognized as affected by deficiency of vitamin C are the endothelium of the blood vessels and the teeth. It has been suggested that to prevent the development of subclinical symptoms, a daily intake of 380 to 540 International units of vitamin C is required for a 130 pound adult (4).

Thus it would appear that the optimum intake of vitamin C is at least twice the amount required to protect against scurvy.

Data recently published demonstrate that the vitamin C content of human milk is dependent upon the vitamin C content of the maternal diet (5).

Hence when the diet of the lactating mother is low in vitamin C, this factor is also deficient in the milk.

The League of Nations Technical Commission recommends an intake of over 500 International units per day during pregnancy and lactation (6).

The inclusion in the diet of liberal quantities of fruits and vegetables, prepared in such a manner as to retain a major portion of the original vitamin C content, may be relied upon to supply the need for this vitamin. The value of commercially canned foods as anti-scorbutics has been repeatedly demonstrated during the past decade (7).

More recently, the vitamin C content of many commercially canned fruits and vegetables has been determined and the results expressed in International units (8).

Consideration of two factors, namely, the quantitative requirement of the human for vitamin C, and the vitamin C potencies of commercially canned fruits and vegetables, emphasizes the value of these protective foods as sources of vitamin C.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) 1934-35. Am. Pub. Health Assn.

Year Book. Page 71

(2) 1933. Chemistry of Food and Nutrition.

H. C. Sherman, 4th Ed. Page 421 MacMillan,

New York

(3) 1936. J. Am. Med. Assn. 106, 261

(4) 1934. Nature 134, 569

(5) 1936. J. Nutrition 11, 599

(6) 1936. League of Nations Report on Physiological Bases of Nutrition, League of Nations Publication Department, Geneva.

(7) a. 1925. Ind. Eng. Chem. 17, 69

b. 1928. Ibid. 20, 202

c. 1933. Ibid. 25, 682

(8) a. 1935. J. Nutrition 9, 667

b. 1936. Ibid. 11, 383

c. 1936. Ibid. 12, 405

This is the twenty-second in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.



In All Capillary Bleeding - -

CEANOTHYN

The orally administered coagulant Ceanothyn has a wide field of usefulness in the prevention and control of capillary hemorrhage of various types, including:

- Menorrhagia
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- Post-tonsillectomy
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- Menopausal bleeding
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- Epistaxis
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- Post-partum hemorrhage
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Decatur, Illinois

FLINT, EATON & CO., M.E. 3
Decatur, Illinois.

Please send new clinical information on Ceanothyn.

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ARTICLES

NEXT MOVES IN MEDICAL CARE, by Michael M. Davis, (*Survey Graphic*, February, 1937)

ABORTION: THE \$100,000,000 RACKET, by A. J. Rongy. (*American Mercury*, February, 1937)

GROUP HOSPITALIZATION, by C. Rufus Rorem. An explanation of group hospitalization plans and the extent to which nurses are enrolled in them. (*American Journal of Nursing*, February, 1937)

THE NEW WEAPON AGAINST INFANTILE PARALYSIS, by Paul deKruif. (*Ladies' Home Journal*, March, 1937)

BOOKS

HOW TO SPEAK IN PUBLIC: A NATURAL METHOD, by Frank Home Kirkpatrick. (Doubleday, Doran & Company, \$1.75)

SCHOOL HEALTH PROBLEMS, by Drs. Lawrence B. Chenoweth and Theodore K. Selkirk. (F. S. Crofts & Company, \$3)

RURAL HEALTH PRACTICE, by Harry S. Mustard, M. D. A handbook for the rural health officer. (Commonwealth Fund, \$4)

GOING TO MAKE A SPEECH? by E. St. Elmo Lewis. How to insure the success of your talk. (The Ronald Press, \$3)

MANAGING PERSONAL FINANCES, by David Francis Jordan. (Prentice-Hall, Inc., \$3)

MEDICAL MORALS AND MANNERS, by Hubert A. Royster, M. D. (University of North Carolina Press, \$2.50)

NATIONAL HEALTH SERIES. Twenty short volumes for lay reading—ten of them revised, ten published for the first time. Among them: *Veneral Diseases*, *The Common Cold*, *Taking Care Of Your Heart*, *Diabetes*, *The Expectant Mother and Her Baby*. (Funk & Wagnalls Company; 35c apiece, 3 for \$1)

METABOLIC PERVERSION*

—not Bacterial Infection—

is the primary cause of ARTHRITIS and CHRONIC RHEUMATISM

Hence the improved results obtained in those conditions from the use of combined Sulphur, Iodine, Calcium and Lysidine (ethylene-ethenyldiamine) in the form of

LYXANTHINE ASTIER

Granular Effervescent

Lyxanthine Astier relieves pain, reduces swelling and infiltration, restores muscular and joint motility, rapidly eliminates toxic waste, improves blood and lymph circulation.

ADMINISTERED PER OS

It is non-irritant, does not disturb digestion, it is prompt in action, positive in effect in the majority of cases.

DOSAGE: 1 teaspoonful well dissolved in a glass of water every morning, on an empty stomach, for 20 days. Rest 10 days. Repeat, if necessary.

★ Modern medical authorities, when writing upon the causes of arthritis and chronic rheumatism, stress deficiency in sulphur and failure to detoxicate and eliminate metabolic waste as of primary importance.

GALLIA LABORATORIES, Inc.

**254 WEST 31st STREET
NEW YORK CITY**

Please send sample and literature of LYXANTHINE ASTIER.

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Ordinary diets are usually inadequate in Vitamin D, and except in sunny seasons and sunny countries a small daily ration of Norwegian Cod Liver Oil is to be recommended in the diet of the pregnant and nursing mother and in that of the growing child.



Fish Liver Oils are the richest known sources of vitamin A, and are also important sources of iodine.

Therefore take the direct road to Nature's fount of health *Norwegian Cod Liver Oil*. You will then be on safe ground.

NORWEGIAN MEDICINAL COD LIVER OIL

World-famous for Quality.

2

LITERATURE & SAMPLES

VITAMIN D MILK: Here's an offer of a reprint entitled, "The Present Status of Vitamin D Milk." It is a report made by the Council on Foods of the American Medical Association and contains many facts about the fortification of milk with vitamin D. The Vitex Laboratories (ME 3-37), Harrison, N. J., will gladly send you a copy on request.

ARTHRITIS AND CHRONIC RHEUMATISM: A generous sample of Lyxanthine Astier is available from Gallia Laboratories (ME 3-37), 254 West 31st St., New York, N. Y. A descriptive leaflet refers to the product as a cholagogue and laxative having a five-fold action. It is used to relieve pain, reduce swelling, restore muscular and joint motility, secure prompt elimination, and improve circulation in arthritis and chronic rheumatism.

DYSMENORRHEA: The makers of Lupex Capsules offer reprints and clinical reports on the use of their product in relieving the discomforting conditions of dysmenorrhea. These reprints show that in 85% of the cases reported the capsules have proven effective. The product is a humulus lupulus compound. Write to the Lupex Company, Inc. (ME 3-37), Garden City, Long Island, N. Y.

RHEUMATISM AND ARTHRITIS: This leaflet tells all about Imadyl Uncion, a recent adjunct to the usual treatment of rheumatoid and arthritic affections. Its makers describe it as a new type of local circulatory stimu-

lant, designed especially for application by simple massage. Besides the leaflet, a trial supply is available. Drop a card to Hoffmann-La Roche, Inc. (ME 3-37), Nutley, N. J.

CONSTIPATION: Here's a booklet, just off the press, that discusses the therapeutic uses of Rolicin, a neutral castor oil. According to the manufacturers, all soluble impurities and free fatty acids are removed from the product by a special refining process. Furthermore, they say, Rolicin has no objectionable taste, odor, or color. A regular size, 3½-oz. bottle is offered along with the booklet. Write to Spencer Kellogg & Sons, Inc. (ME 3-37), 121 Varick St., New York, N. Y.

URINARY DISEASES: The Paul Plessner Company (ME 3-37), 3538 Brooklyn Ave., Detroit, Mich., will send you on request a generous sample of Vera Perles. In genito-urinary diseases, this sandalwood compound is declared to have a stimulating effect on the mucous membrane. It contains santal, haarlem, and copaiba oils.

PRURITUS ANI AND HEMORRHOIDS: E. Fougere & Company (ME 3-37), 75 Varick St., New York, N. Y., is distributing packages of Ki-Uma Ointment. This product is said to offer the advantages of the newly-discovered salicylic ester dihydroxethane. The Ki-Uma base of the ointment, derived from a tropical tree, is described as soothing, antiphlogistic, and protective. Through the use of

the preparation, marked success has been reported in relieving the torments of pruritus ani and hemorrhoids.

ANTACID: Ludozan, an insoluble aluminum silicate, is designed to neutralize stomach acid. Literature describing the product says that its prolonged action does not induce alkalosis, nor does it interfere with digestive processes or cause diarrhea or constipation. As a protective, Ludozan provides a film-like coating of silica acid gel which shields the tender gastric mucosa from mechanical irritation. For a clinical supply and literature, write the Schering Corporation (ME 3-37), Bloomfield, N. J.

CONSTIPATION: Sal Hepatica is indicated in cases of constipation due to congenital hypoplasia of the intestinal musculature. It is a saline combination which, its makers say, acts by mild osmosis, diminished absorption, and increased peristalsis. Also, it is said to provide natural mineral salts which conserve and replenish the body's alkaline store. For a trial supply and literature, write to the Bristol-Myers Company (ME 3-37), International Bldg., New York, N. Y.

HYPERTENSION: Facts contained in this literature show that renal, cardiac, and arteriosclerotic types of hypertension respond favorably to treatment with Tablets Sodium Nitrite Compound. The makers will gladly send you a copy upon request. Write to G. S. Stoddard & Company, Inc. (ME 3-37), 121 East 24th St., New York, N. Y.

SEDATIVE: An outstanding advantage of Bromidia is its flexibility of administration. In small dosage it acts as a sedative, while in larger dosage it is claimed to bring about refreshing and sound sleep, rarely followed by headache or drowsiness. The product is composed of potassium bromide, chloral hydrate, extract hyoscyamus, and extract cannabis. Samples and literature are both offered. Drop a card to Battle & Company (ME 3-37), 4026 Olive St., St. Louis, Mo.

DIABETES: A booklet discussing a new treatment for diabetes is yours for the asking. The preparation is Protamine Zinc Insulin. It is indicated chiefly in those diabetic conditions which are difficult to control with unmodified insulin. Send your request to E. R. Squibb & Sons (ME 3-37), 745 Fifth Ave., New York, N. Y.

PRESCRIPTION PADS: Knox Gelatine Laboratories (ME 3-37), 448 Knox Ave., Johnstown, N. Y., are distributing convenient prescription pads of diabetic, anemic, and general diets, together with literature on infant feeding with Knox Gelatine. Your request will be answered promptly.

RESPIRATORY DISORDERS: According to this leaflet, Liquid Peptonoids With Creosote supplies immediately available nutriment, promotes expectoration, and reduces irritation in respiratory infections. Besides, this tonic preparation is so blended as to mask the taste of the creosote, the leaflet says. For a sample and the literature, address the Arlington Chemical Company (ME 3-37), Yonkers, N. Y.

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